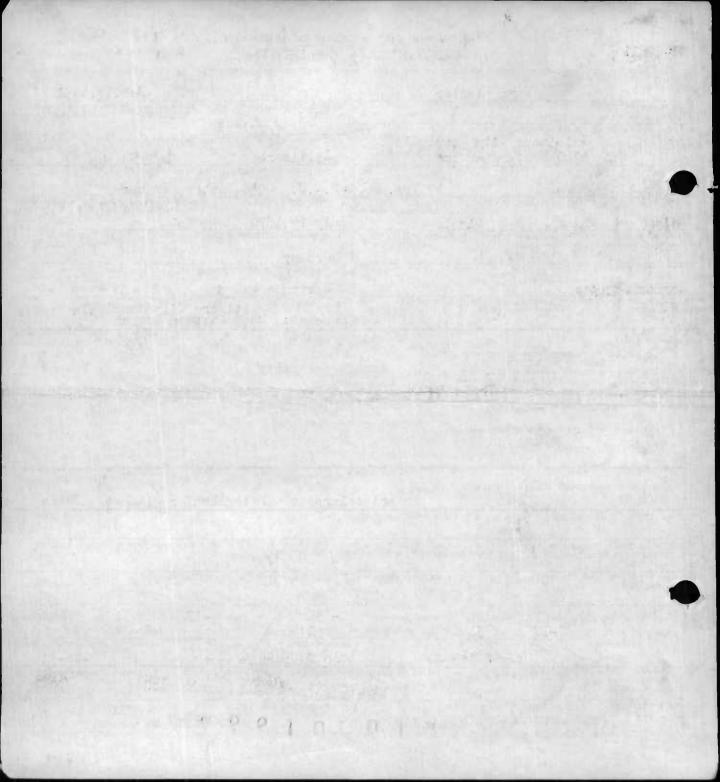
BALTIMORE CITY HEALTH DEPARTMENT 51 2001 Registered No. 2011 CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION South Balto GeNERA township) D. STREET ADDRESS (If rural, give location) Mos Hau beat ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (In years | If Under 1 Year | Il Under 24 Hours | Months | Days | Hours | Min. SINGLE, MARRIED DOWED, DIVORGED (Specify) 10A. USEAL OCCUPATION (Give kind of work done youring most of working fife, even if retired) 108, KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? FATHER'S NAME 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL MERSTORF 1470 HAUDERT (If yes, give war or dates of service) CAUSE OF DEATH 410 % ONSET AND DEATH DISEASE OR CONDITION DIRECTLY houratic C.V discase LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING CAUSE OF DEATH. 215. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED JURY WHILE AT NOT WHILE WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes W, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.... MEDICAL INVESTIGATOR JION REMOVAL (Specify) 248 DATE 240 LOCATION (Qity, town, or county) DATE RECEIVED BY MAR 2 1951

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51.

51. 2002 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

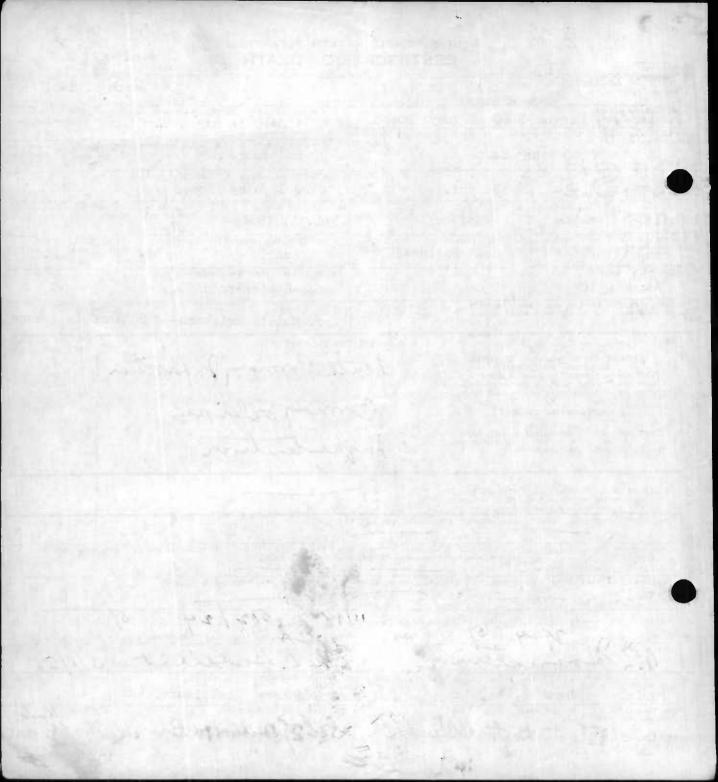
ВІ	RTH NO.			CERTIFICATI	E OF DEATH		
1. NAME OF DECEASED (Type or Print) Have Plenter				iter	2. DATE OF Feb.17,1951		
Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION B. FULL NAME OF HOSPITAL OR Baltimore Caty Hospitals location) 4940 Eastern Avenue				ospitals location)	4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission before admis		
Ongth of stay in Baltimore Yrs. Mos. Days					B.C.H. (4940 Eastern Avenue		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Single Single			July 10,1870	9. AGE (in years last birthday)			
worl 13	FATHER'S I	lenter		OF BUSINESS OR INDUSTRY	Germany 14. MOTHER'S MAIDEN N Gertrude Tihon	AME	12. CITIZEN OF WHAT COUNTRY
15 (Ye	. WAS DECEAS a, no or uoknowo)	ED EVER IN U, S. ARMET (If yes, give war or date:	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANTBaltim Records: 4940 E	ore City Hos astern Avenu	PPESEs e
CERTIFICATION	(This does heart failt injury or DISEASE RISE TO TUNDERL'	SE OR CONDITION LEADING TO DEAT TO THE MEAN THE MEAN SOR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA GIGNIFICANT CONDITION TO THE DEATH, BUT TESEASE OR CONDITION	FH f dying, e. g ns the diseas aused death SES FANY, GIVIN STATING THEST. TIONS CONNOT RELATE	(A) Bron	of DEATH chopneumonia	scular Disea	1 Week
_	19A. DATE (OF OPERATION 1	9в. MAJOR	FINDINGS OF OPER	ATION		YES NO K
MEDICA	LYING OCAUSE OF 21D. TIME 1NJURY 22. I hereb	(Month) (Day) (Year) y certify that I att	(Hour) m.		otc.) INJURY OCCUR?	2 –1 7 , 195	1, that I last saw th
	23A. SIGNA AA. BURIAL, DN, REMOVAL (S ATE RECEIVE CAL REGIST	CREMA- 248. DATE Specify) D BY REGISTRAR	logi	M. D. 224C. NAME OF CEMETE	38. ADDRESS 4940 Eastern Aven RY OR CREMATORY 240. L POURS MEDICAL SCHOOL FI 25. FUNERAL DIRECTOR	ue	2-26-51
-	TAR 2-1	951 militar	an Ithic	cause, life C	001900	mezanner of ste	dili



BALTIMORE CITY HEALTH DEPARTMENT

51 2003

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE. March I 1951 (Type or Print) OF DEATH H yman 3. PLACE OF DEATH: 4. USUAL RESIDENCE : Where deceased lived. If institution : residence A. Baltimore City, Maryland 3500 Tamey Road Mary Ia nd 7 B. SQUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 3500 Taney Road Baltimore township) Yrs. D. STREET ADDRESS (If rural, give location) 3500 Ta n ey 54 yrs. Roard Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (In years If Under I Year WIDOWED DIVORCED (Specify) last birthday) Months! Days Hours: Min. white male Feb. 1. 1884 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) Loan Busines BUDUSTRY WHAT GOUNTRY? Russia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Aaron Glick Sarah Lieberman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Mrs. Mollie Briskman- 4126 Norfolk Avenue 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 18. CAUSE OF DEATH INTERVAL BETWEEN 20.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ERTIFI 111 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT WAS UNDER 2 IB. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) ā about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING Ш CAUSE OF DEATH Σ ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE ATT NOT WHILE AT WORK WORK 11/18 190 /. that I last saw the 22. I hereby certify that, I attended the deceased from. 19.5 deceased alive on . and that death occurred at 2 A.m., from the eduses and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OF CREMATORY 24b. LOCATION (City, town, or county) March 2,1951 Md Burial Baltimore Cemetery Hebrew Mt Carmel DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS // LOCAL REGISTRAR



51 2 114 RALTIMORE CITY HEALTH DEPARTMENT Registered No... CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) LYNCH MARTHA DEATH Feb. 25. 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland Balto, City B. COUNTY before admission B. FULL NAME OF If not in hospital or institution, give street address or Marvland (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Johns Hopkins Hospital Baltimore D. STREET ADDRESS (If rural, give location) Life Mos. Length of stay in Baltimore Davs 8. DATE OF BIRTH 19. AGE 9. AGE (In years I Wader I Year I Under 24 Hours I Last birthday) Months Days Hours Min 6 COLOR DE RACE 7. SINGLE, MARRIED WIDOWED DIVORCED (Specify) Female. Colored Peb. IA I882 69 II. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Housewife Home BOTTIMOTO NAME Tsaac Anderson Viola Cooner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 INFORMANT ADDRESS SECURITY NO. Lombard 18. CAUSE OF DEATH DNSET AND DEAT DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic Cardiovascular Disease (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING [] CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 2 IF. INJURY OCCURRED

OF INJURY

24B, DATE

22. I certify that I took charge of the remains described above, held an Insp. & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

clearly

of

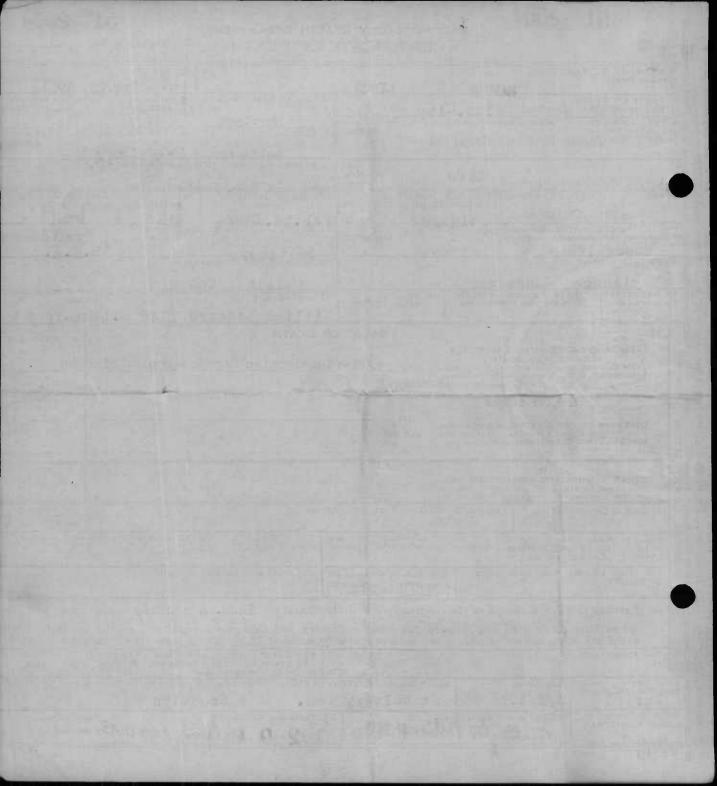
236. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER Feb. 26, 1951 24C. NAME OF CEMETERY DR CREMATORY | 24D. LOCATION (City, town, or county)

Burial DATE RECEIVED BY

REGISTRAR'S SIGNATURE

Mt Calvery Cem. FUNERAL DIRECTOR

Brooklyn Md



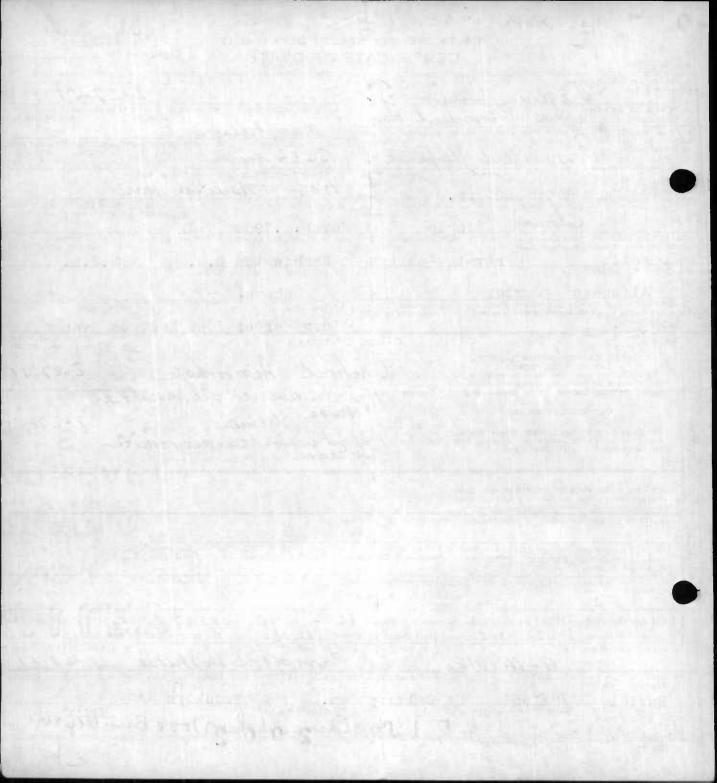
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CARteR

51 2005

B	IRTH NO.		CER	TIFICAT	E OF DEATH	Registered N	No
1.	NAME OF C	DECEASED Virgine	· Conto	1		2. DATE OF 2	27-51
	PLACE OF D		Provident	+ Hospi	4. USUAL RESIDENCE (Wh	ere deceased lived, If B. COUNTY	
H	FULL NAME OSPITAL OR ISTITUTION	OF Of not in hospi	tal or institution, give	treet address o		utside corporate limit	s, write RURAL and giv
	1	1.00.0	au pospi	Yrs.	D. STREET ADDRESS (If ru		4
6		stay in Baltimore	25 Yrs	Mos. Days			
5.	SEX	6. COLOR OR RACE	WIDOWED, DIV	DRCED (Specify	7		nths Days Hours Min
10	A. USUAL OC	CCUPATION (Give kind o	1 108. KIND OF BUS	SINESS OR	March 4 . 1908 11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF
wor	Domest	of working life, even if retired)	INDUSTR'			WHAT COUNTRY
13	B. FATHER'S	NAME 7			14. MOTHER'S MAIDEN NAM	1E	
_			ter		Unkown		
(Ye	5. WAS DECEAS m, no or unknown)	ED EVER IN U. S. ARME (If yee, give war or date	D FORCES? 16. SO	CIAL CURITY NO.	17. INFORMANT	1A	DDRESS
_	No				Lucy Harper IO	09 Madison	a Avenue
	18. 44	3 x .		CAUSE	OF DEATH		INTERVAL BETWEE
	DISEA	SE OR CONDITION LEADING TO DEA	DIRECTLY	P	1 1 11	1	
	(This does	s not mean the mode are, asthenia, ctc. It mes	of dying, e.g., (.,	mal Hemore		2-27-5
	injury or	complication which	caused death.)	TO 14	hertensive cond	in moscula	4
		ANTECEDENT CAU	SES		hertensive carde sease Usemia	or market	
NO	DISFASE	S OR CONDITIONS,			/ /		
F	RISE TO T	THE ABOVE CAUSE (A)	STATING THE DUE		hertentive card	dio vascula	-
OA	ONDERL	THIS CONDITION E.	(1	c)	1 Vea 14		
F		П					7
RT		GIGNIFICANT COND					
CE		STO THE DEATH, BUT					
CAL	19A. DATE (OF OPERATION	198, MAJOR FINDIN	GS OF OPE	RATION		YES NO
EDI	21A. ACCIE LYING O CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH	218. PLACE OF I			in Baltimore City, g	give exact location)
M	21D. TIME F INJURY	(Month) (Day) (Year) (Hour) 21E. INJ	URY OCCURE		OCCUR?	
			m. WORK L	AT WORK			
					-27- , 1917, to Z		
			, 19 <u>f</u> and tha		erred at 12 30 m., from the	causes and on th	
	23A. SIGNA		N: - 1-		Provident He	achitan	2-29-51
2.	AA. BURIAL. ON, REMOVAL (S		Vicola)	M. O. ME OF CEMET	ERY OR CREMATORY 24D. LOC		
TI	ON, REMOVAL (26.0	
D	ATE RECEIVE	D BY REGISTRAR	S SIGNATURE	lvery	25 FUNERAL DIRECTOR	klyn lid	ADDRESS
L	MAD 7	RAR	I I Wis	I Bus	Elvas millilan	1000 Bra	ntly and
_	MHU	77	Town Holds	2 4 1 S		1 / -	

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51 2006

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE MARCELLA DESHIELDS February 27. 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland Balto B COLINTY before admission) Marvland B FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR location C CITY OR TOWN (If outside corporate limits write RURAL and give INSTITUTION township) Johns Hopkins Hospital Baltimore D. STREET ADDRESS '(If rural, give location) Yrs. Mos. Life 1207 Bevard Street ength of stav in Baltimore Davs 6 COLOR OF RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year If Under 24 Hours WIDOWED DIYORCED (Specify) lost hirthday) Months: Days Hours: Min. Colored Dec. 22. 1899 Female 10A. USUAL OCCUPATION (Givekindel) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY U.S.A. COUNTRY? Housewife At. Home Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Willia Smith George Campher 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dutes of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 1207 Bevard St Lewis Deshields No 18. INTERVAL BETWEEN 03,61 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Postoperative circulatory collapse (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the discase, laiury or complication which caused death.) DUE TO ANTECEDENT CAUSES Fracture of left femur CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (0) RTIFIG 11 Diabetes mellitus OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Generalized arteriosclerosis TO THE DISEASE OR CONDITION CAUSING IT. 山 $\ddot{\circ}$ 198. MAJOR FINDINGS OF OPERATION 19A, DATE OF OPERATION 20. AUTOPSY? Feb. 26, 1951 YES X 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING N OR CONTRIB. UTING LI CAUSE OF DEATH. Food store Schreiber's Meat Market, Eutaw &Lexington 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE X bout Feb. 6. Slipped and fell to floor WORK Autopsy 22. I certify that I took charge of the remains described above, held an _ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident K], suicide [], homicide [], undetermined []. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR . 24A. BURIAL. CREMA-TION, REMOVAL (Specify) EUR 181 24c. NAME of CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county) Mt Calvery

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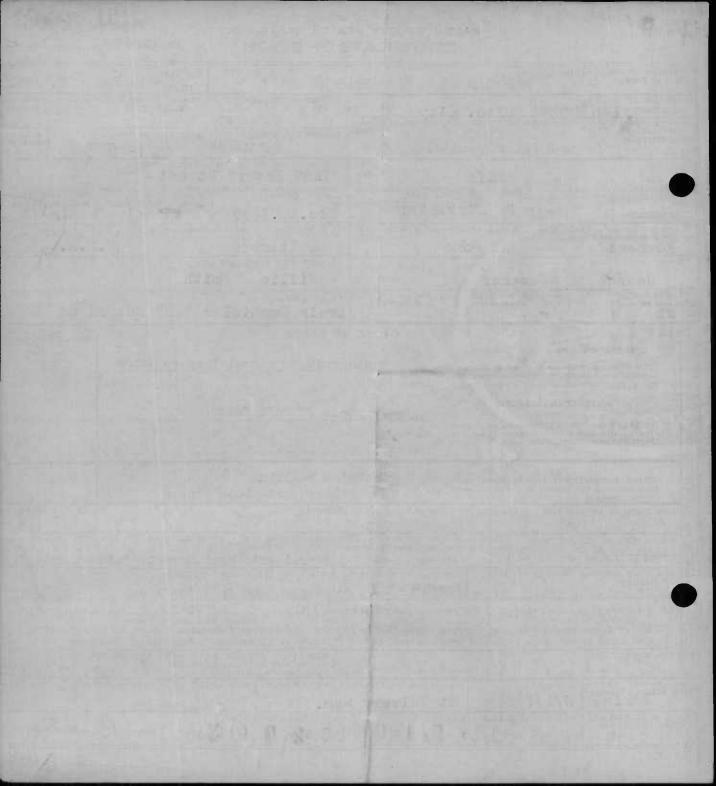
DATE RECEIVED BY

LOCAL REGISTRAR

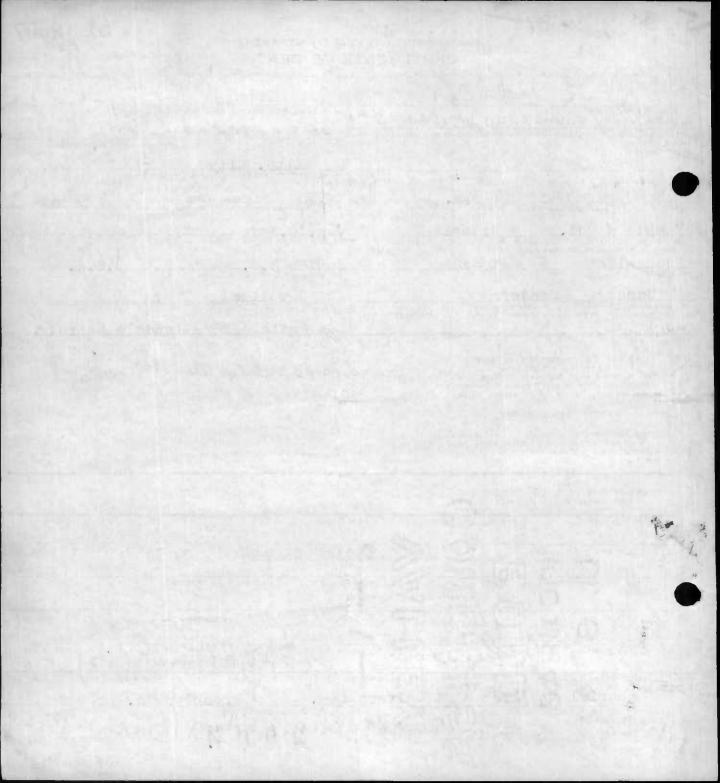
vem.

Brooklyn 25 AUNERAL DIRECTOR a liseson

REGISTRAR'S SIGNATURE



51 2007 JAMIE 51 2007 HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTX A. Baltimore City, Maryland 1520 A. STATE before admission) 1520 (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Balto, City o. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore B. DATE OF BIRTH 19. AV 7. SINGLE, MARRIED Davs 5. SEX 6. COLOR OR RACE AGE (In years | | Under | feet | | Under 24 Hours | last birthday | Months; Days | Hours | Min. 9. AGE (in years) WIDOWED, DIVORCED (Specify Female Col Jan I() 1872 79 Widowed: 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Housewife Camden S.C.
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME James Sanders Caroline 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT **ADDRESS** SECURITY NO NO Lee Smith 4623 Allendale Detroi INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Cardio Vasculer Revolation LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... -11 RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 4 YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, nffice bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! AT WORK WORK 195% to 201. 5 22. I hereby certify that I attended the deceased from Ze M- > . 195 , that I last saw the deceased alive on and that death occurred at and on the date stated above. 23c. DATE SIGNED 23A. SIGNATUREN 23B. ADDRES 24A. BURIAL, CREMA- 24B. DATE 24c, NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, towy, or county) Burial Mt Calvery Cem. Brooklyn AUNERAL DIRECTO DATE RECEIVED BY ADDRESS LOCAL REGISTRAR VS 150

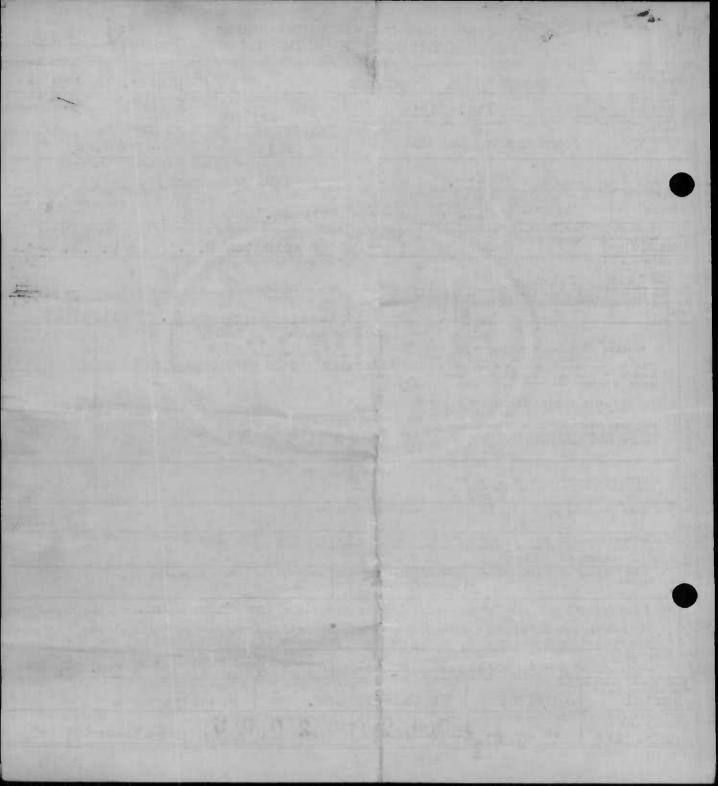


correct age is especially important. Physicians: please write the causes of death clearly and regime;

51 2008 BALTIMORE CITY HEALTH DEPARTMENT CEDTIEICATE OF DEATH

Registered No. 21118

В	RTH NO.			CERTIFICATI	OF DEATH		
	NAME OF D		170 1	TOTALON		2. DATE OF Hob	28 1051
3. A.	PLACE OF D Baltimore (City, Maryland	Balto.	M. JOHNSON City	4. USUAL RESIDENCE (WASTATE Maryland	OF Feb. Where deceased lived. If	
B. FULL NAME OF HOSPITAL OR location) Johns Hopkins Hospital							
ength of stay in Baltimore 35 Yrs. Mos. Days				Mos.	D. STREET ADDRESS (If rural, give location) 1128 E. Lombard St.		
Male 6. Color or RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 1d OWed 1d OWed			8. DATE OF BIRTH July 24. I880		f Ender I Year H Under 24 Hours onths Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unmployed None			Washington		12. CITIZEN OF WHAT COUNTRY		
13	FATHER'S				14. MOTHER'S MAIDEN N.	AME	
1.6	Larkin	- 0011110014			Unkown		
(Ye	e, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
-	18.				Fannie Baily OF DEATH	30 8 . Caro	linterval Between
ERTIFICATION	DISEASE: RISE TO TUNDERLY OTHER S TRIBUTING	LEADING TO DEA: a not mean the mode of the asthenia, etc. It mean complication which of the asthenia, etc. It means the asthenia, etc. It means the asthenia, etc. It means the asthenia complication of the asthenia complication of the death, but its sease or condition.	of dying, e. in the disease aused death sees F ANY, GIVIN STATING THEST. TIONS COLUMN TELATING THE STATING THEST.	(B)	osclerotic Cardio	ovascular Dis	sea se
U	19A. DATE O	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB-		ACE OF INJURY (e. g., ir arm, factory, etreet, office bldg., e		f in Baltimore City, a	YES NO X
M	21D. TIME (OF INJURY	Month) (Day) (Year)	` '	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	21F, HOW DID INJURY	OCCUR?	
	the evi	dence obtained by ath in my opinion	said Auto	psy, Inspection or I	bove, held an Inspection Autopsy, Inquiry, find that said de K, accident , suicide 23B. CHIEF MEDICAL I ASSISTANT MEDICAL	Inspection or Inquiry eccased died on the , homicide , u	indetermined .
TIC	AA. BURIAL, CON. REMOVAL (SBUTIAL	REMA: 246. DATE pecify) 3/3/195		Mt Calvery	D. MEDICAL INVESTIGATE RY OR CREMATORY 240. LC	ocation (City, town,	eb. 28, 1951 or county) (State)
DA	ATE RECEIVED CAL REGISTI	D BY REGISTRAR'S			Eling Wilson	1000 Br	antly ave
] [™]	S 151	· 4	A .		0		93) V



BALTIMORE CITY HEALTH DEPARTMENT

51. 2009

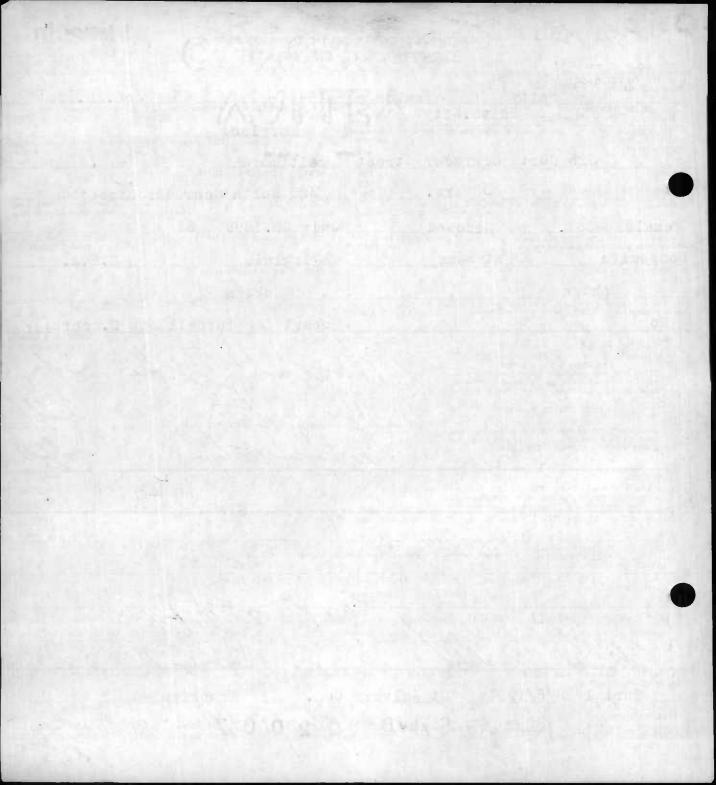
BIRTH NO. CERTIFICAT	E OF DEATH Registered No
1. NAME OF DECEASED	2. DATE
(Type or Print) Dangerfield Morn	OF
a. Baltimore City, Maryland Balto City	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and giv
00 766 West Mulberry Street	Baltimore City /7-03 township
Yrs.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore 25 Yrs. Mos. Days	766 West Mulberry Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 House
WIDOWED, DIVORCED (Specify)	
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	March I. 1892 58 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) INDUSTRY	WHAT COUNTRY
13. FATHER'S NAME	Winchester Virginia U.S.A.
	14. MOTHER'S MAIDEN NAME
Unkown	Emma ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowe) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
No 2I5.05.678	MA Emma White I424 Mosher Street
18. UUV X	OF DEATH HEAT INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	L 1 -1-11-0
(This does not mean the mode of dying, e.g.,	te longestive tarley 6.8 ms.
heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
4/	entensive cardis variable under
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	and diesa
UNDERLYING CONDITION LAST.	The state of
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
Ē II	
IN TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. 8.,1	io or 21C. WHERE DID (If in Baltimore City, give exact location)
Z1A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH	etc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
	Tune , 1997, to Fel 26, 195/, that I last saw th
deceased alive on Feb 26 105/ and that death occur	rred atm., from the causes and on the date stated above
23A. SIGNATURE?	23B. ADDRESS. 23c. DATE SIGNED
H. Harland wirelf & M.D.	902 W. Franklin 3-1-51
24A. BURIAL, CREMA- 24B. DATE 124C NAME OF CEMETE	
Burial 3/3/1951 Mt Galvery	Com Deces 3 3 Mg
Burial 3/3/1951 Mt Galvery	Cem. Brooklyn Md.
LOCAL REGISTRAR	Pla a alla sur Regarder ave
	Compression 10-10 Comply
VS 150	
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2010

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Peaker Bettv Feb. 28. 1951 DEATH 3. PLACE OF DEATH: A. Baltimore City, Maryland Balto.City 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 325 North Schroder Street Baltimore Yrs. D. STREET ADDRESS (If rural, give location) schrolde Mos. chroder Street 35 Yrs. ength of stav in Baltimore 325 North Davs 5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Female. Col Widowed July 30, 1899 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife At Home Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unkown Unkown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. No Robert Lee Purnell 325 N. Schroder INTERVAL BETWEEN 18. CAUSE OF DEATH 420.1 DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. F RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE WHILE AT WORK AT WORK 22. I hereby certiff that I attended the deceased from 192 that I last saw the 19_5 deceased alive on L and that death occurred at. m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. SURIAL, CREMA-24c. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 2/4B. DATE Burial 3/5/1951 Mt calvery Cem. Brooklyn ADDRESS DATE RECEIVED BY 25 FUNERAL DIRECTOR LOCAL REGISTRAR VS 150



51. 2011 MAZIE ETTA MINICALE TO BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH S. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence Balto. City A. Baltimore City, Maryland A. STATE B. COUNTY before admission) c. CITY OR TOWN (If or B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION township) 1726 West Lanvale Street D. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore 30 Yrs Days
7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 1726 West Lanvale Street 9. AGE (In years | 1 Under 1 Year | 1 Under 24 Hours | Months Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH Female 27. I89I 1. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? lousewife At Home Middlesex Co. Va 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cornelius Wallace Cordelia Whiting 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. No Selena porker North - Milton INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) EE OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICA 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE. (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Σ 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? DF INJURY WHILE AT WORK . 19 / that I last saw the 22. I hereby certify that I attended the deceased from ? 1957, and that death occurred at 9 _m., from the causes and on the date stated above. deceased alive on 2 23A, SIGNATURE 238. ADØRESS 23c. DATE SIGNED 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24b, LOCATION (City, town; or county) 19/T95T FONERAL DIRECTOR Burial Arhurn

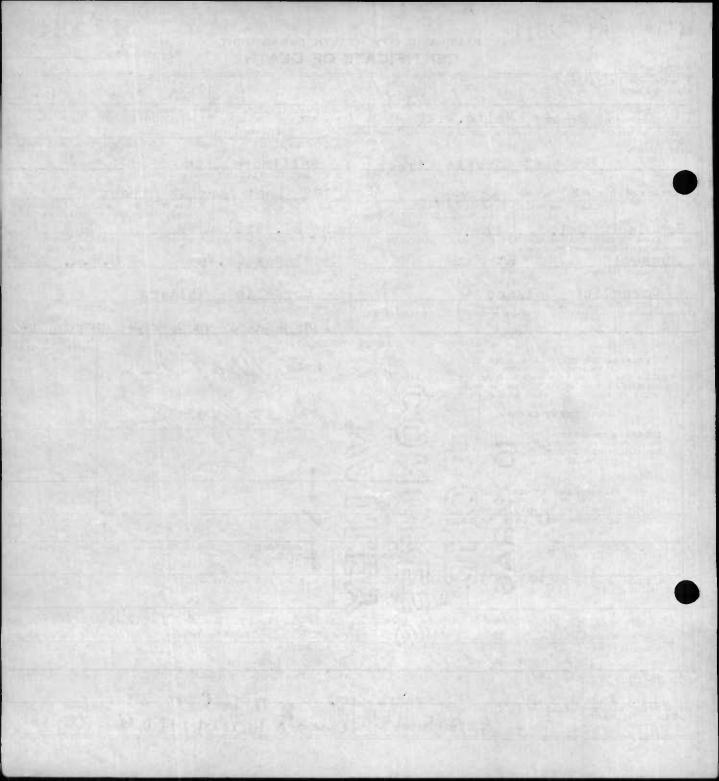
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LOCAL REGISTRAR

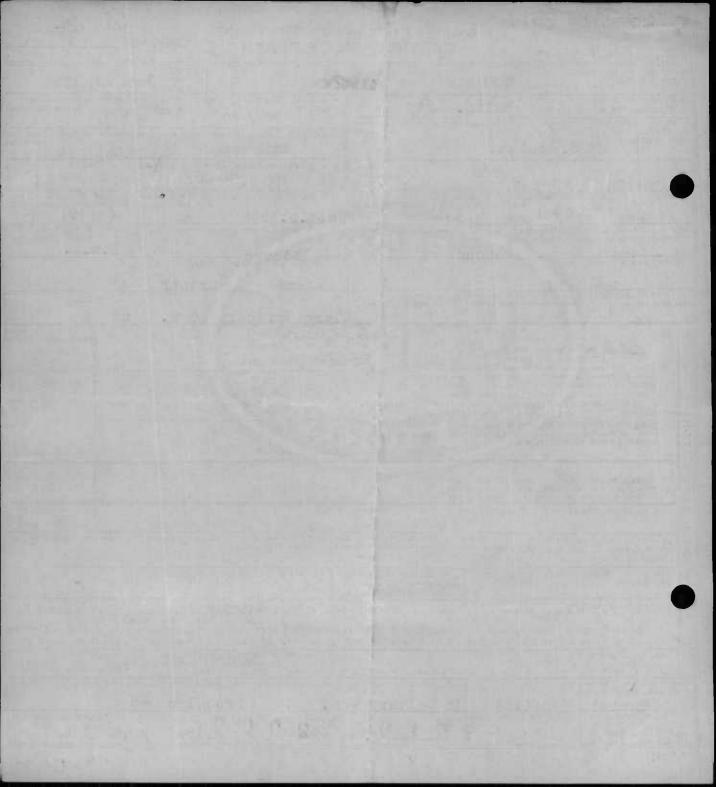
REGISTRAR'S SIGNATURE

ADDRESS



2,32 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NOTO-NAME OF DECEASED 2. DATE (Type or Print) OF Feb. 28, 1951 GERALDINE Wilkes 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence Balto. City A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF ('f not in hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 100 S. Bond St. Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Life Mos. ength of stay in Baltimore 100 S. Bond St. Days 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years If Under I Year last birthday) Months: Days Hours Min. Female Colored Sept. 9. 1950 11. BIRTHPLACE (State or foreign country) Sinole 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? None Baltamore 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Gardner 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Gardner 100 S. INTERVAL BETWEEN CAUSE OF DEATH 49 IX ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Broncho pneumonia (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Ш 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB-UTING [CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT AT WORK WORK 22. I certify that I took charge of the remains described above, held an Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\), accident \(\), suicide \(\), homicide \(\), undetermined \(\). 23A. SIGNATURE Z4A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24C. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) Brooklyn Burial DATE RECEIVED BY 25 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR

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correct age is especially important. Physicians: please write the causes of ucaut creatly and the

BALTIMORE CITY HEALTH DEPARTMENT

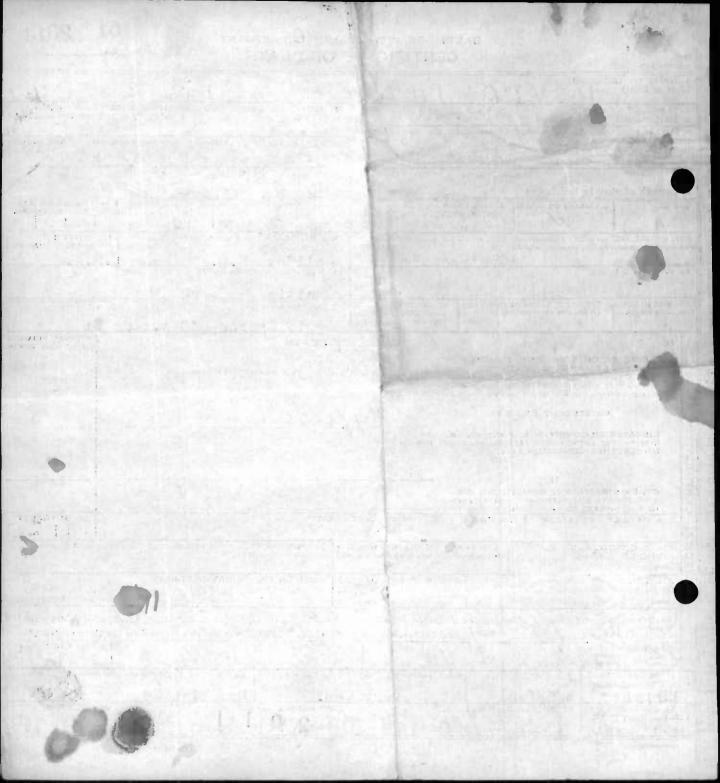
BIRTH NO. CERTIFICAT	E OF DEATH Registered No.		
1. NAME OF DECEASED (Type or Print)	2. DATE OF DEATH Felmum 27,195		
A. Baltimore City, Maryland HONGS HOPKINS HONDY	4. USUAL RESIDENCE (Where deceased fived. If institution : residence A. STATE B. COUNTY before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
Yrs.	D. STREET ADDRESS (If rural, give location)		
Length of stay in Baltimore Life Mos. Days	1126 Jan 5t. LOW)1.		
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF MISINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF		
work done during most of working life, even if retired) Laborer In General	Maryland U.S.A.		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	"Many ha hain		
(Yes, no or nnknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT JOHNS HOPKINS HOSPITE		
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT. 19A. DATE OF OPERATION 199/MAJOR FINDINGS OPERATION 19			
2/24/3 21A. CCIDENT SUIGIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg.	in or 21c. Where pid (1) in Baltimore City, give exact location) etc.) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY m. WHILE AT NOT WHILE AT WORK			
22. I hereby certify that I attended the deceased from deceased flive on 22, 1951, and that death occu	2-)5 195 to 2-27, 195, that I last saw the arred at 4-45 gn., from the causes and on the date stated above. 23B. ADDRESS APPLIES KUSPITE 23C. DATE SIGNED		
24A. BUHIAL, CREMA: 24B. DAJE 24C NAME OF CEMETI	cem. Brooklyn Md		
DATE RECEIVED BY REGISTRAR'S SIGNATURE.	Elson o Wilson 1000 Brantly wo		
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correct age is especially important. Physicians: piease write the causes of

BALTIMORE CITY HEALTH DEPARTMENT

	CERTIFICAT	E OF DEATH Registered No.					
	1. NAME OF DECEASED (Type or Print) DAVID THOR	V E 2. DATE OF 2-27-51					
	S. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)					
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	c. CITY OR TOWN - (If outside corporate limits, write RURAL and give Baltumore 22-02 township)					
Carrie	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)					
201.7	5. SEX 6. COLOR OR RACE 7. SINGLE (MARRIES).	8. DATE OF BIRTH 9. AGE TOPER'S II Under 1 Year II Under 24 Hours					
o com	Married	June 29 1911 Just birthday) Months Days Hours Min.					
dir	10A. USUAL OCCUPATION (Givekinduf 10B. KIND OF BUSINESS OR rork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
3	Leborer Contractors	Halifax N.C. U.S.A.					
carr	The state of the s						
7	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Bettie Burk 17. INFORMANT ADDRESS					
23	(Yes, nu ur unknown) (If yes, give war or dates of service) SECURITY NO.	Maggie Thorne 630 w. Lee St					
snr		OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
a au	DISEASE OR CONDITION DIRECTLY						
17 a	(This does not mean the mode of dylng, e. g., heart failure, asthenia, etc. It means the disease,						
W.F.II	injury or complication which caused death.) DUE TO						
200	ANTECEDENT CAUSES Hy Kertension						
lea	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
	UNDERLYING CONDITION LAST.						
lan	(c)						
rnysician	OTHER SIGNIFICANT CONDITIONS CON-						
1	TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20. AUTOPSY?					
35	I ISA. DATE OF OPERATION O ISB. MAJOR FINDINGS OF OPER	YES NO					
	21a. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., labout hume, ferm, factory, street, nffice bldg.,	n ar 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?					
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK AT WORK						
pecially	22. I hereby certify that I attended the deceased from 2-26 195/, to 2-27, 191, that I last saw the						
est	deceased alive on 2-27, 1951, and that death occur	rrea at 1 1 m., from the causes and on the date stated above.					
12	23A. SIGNATURE. Huffer M. D.	23B. ADDRESS 23C. DATE SIGNED 2-22-51					
age	24A. BURIAL, CREMA- 14B. DATE TION, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (Ly, town, or county) (State)					
10a		Cem. Brooklyn Md					
correct	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25 FUNERAL DIRECTOR ADDRESS					
	MAR 2-1951 Combinator / billianted, Hills	www or wussen 10th burney MP					
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	7 10 009	820					



20. AUTOPSY (If in Baltimore City, give exact location) 2-27 _. 195], that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 2-27, 1951, and that death occurred at 11 p.m., from the causes and on the date stated above. 234 SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) BULIAL LOUDON CEMY FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR VS 150

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UKBUICKES 51 2016 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) OF DEATH / NUM 4. USUAL RESIDENCE (Where deceased lived, If Institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township! ans D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) H Under 3 Year last birthday) Months: Days Hours: Min. morres -05 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? MISS 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME uasm 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, oo or onknown) (If yes, give war or dates of service) SECURITY NO. KINS WORPPEN INTERVAL BETWEEN CAUSE OF DEATH 18. 500.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ostromi m 0, (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 MEDICAL YES U 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. (Specify) INJURY OCCUR? HOMICIDE 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT 195), that I last saw the 19 0. to. 22. I hereby certify that I attended the deceased from_ deceased alive on 3-1 19.5% and that death occurred at. Im., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 248, DATE TION, REMOVAL (Specify) gemora, ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

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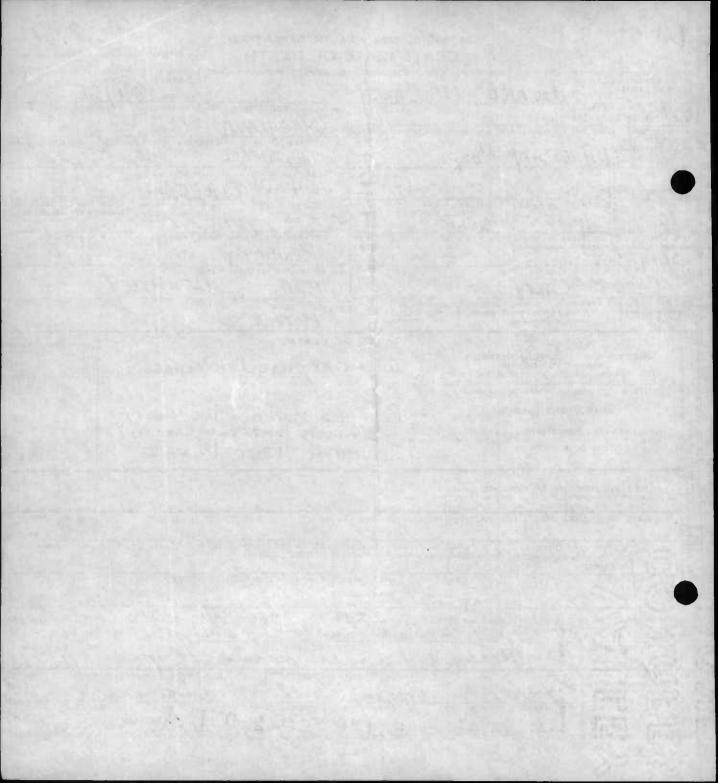
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BALTIMORE CITY HEALTH DEPARTMENT

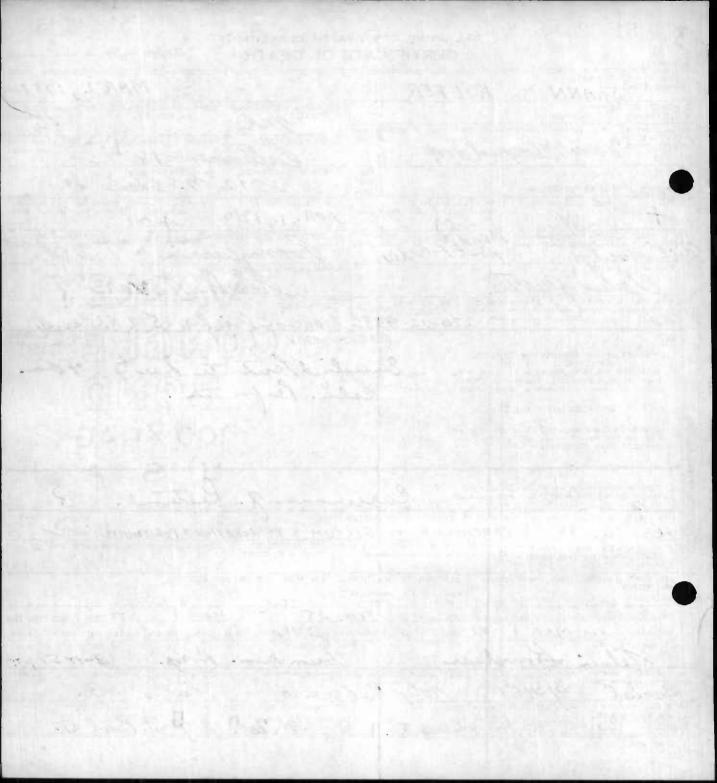
BIRTH NO.	CERTIFICATI	E OF DEATH	Registered	No
1. NAME OF DECEASED HOWARD	MC CARTY		2. DATE OF DEATH 3/	1/51
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDEN	CE (Where deceased lived I	f institution : residence before admission)
B. FULL NAME OF (If not in hospital or inst HOSPITAL OR INSTITUTION UNIVERSITY	itution, give street address or location)	C. CITY OR TOWN	(If outside corporate limit) RE 4-	its, write RURAL and give township)
Cength of stay in Baltimore	13 Yrs.	664 W.	FAVETTE ST	
M WID WID	GLE, MARRIED, OWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	H Under 1 Year H Under 24 Hours on the Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work dune during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME CARL MC CARTY		14. MOTHER'S MAID	BRANTLE	4
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war ur dates in service	16. SOCIAL SECURITY NO.	17. INFORMANT MOTHER		ADDRESS
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused do	e.g., (A) INTRA (OF DEATH	HEMORRUAGE	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. U	IVING (B) RUPTU (C) RHEUM	RED Mycotic BACUTE BACT. BATIC HEAR	ENDO CARDITIS)
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE OBATH, BUT NOT REL TO THE DISEASE OF CONDITION CAUSIN	ATED			
. 19A. DATE OF OPERATION 19B. MAJ	OR FINDINGS OF OPER	RATION		20. AUTOPSY?
LYING OR CONTRIBUTING about he	PLACE OF INJURY (e. g., i ome, farm, factory, street, office bldg.,			give exact location)
210. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID I	NJURY OCCUR?	
22. I hereby certify that I attended to	the deceased from 2, and that death occur		rom the eauses and on	
	Law M. O.	CHEVERY	Ly Hosp.	23c. DATE SIGNED 3/1/5/ n, or county) (State)
THON REMOVAL (Specific) 3/3/51	Prospeci	t Hill	Towson	Md.
LOCAL REGISTRAR MAR 2 - 1951	Minus, A.E. 1	25. FUNERAL DIRECT	Diditat. Pa	address
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CERTIFICATE OF DEATH

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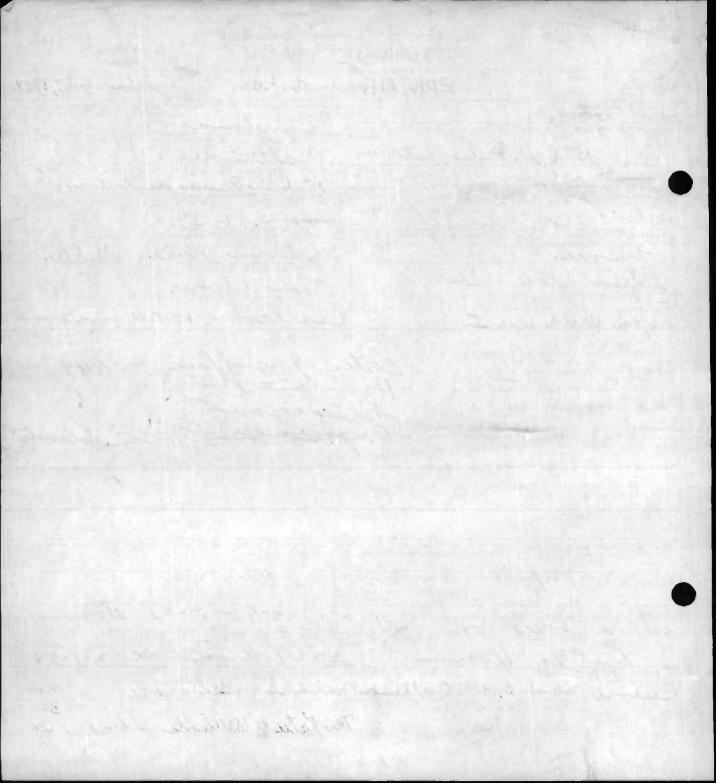


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2019

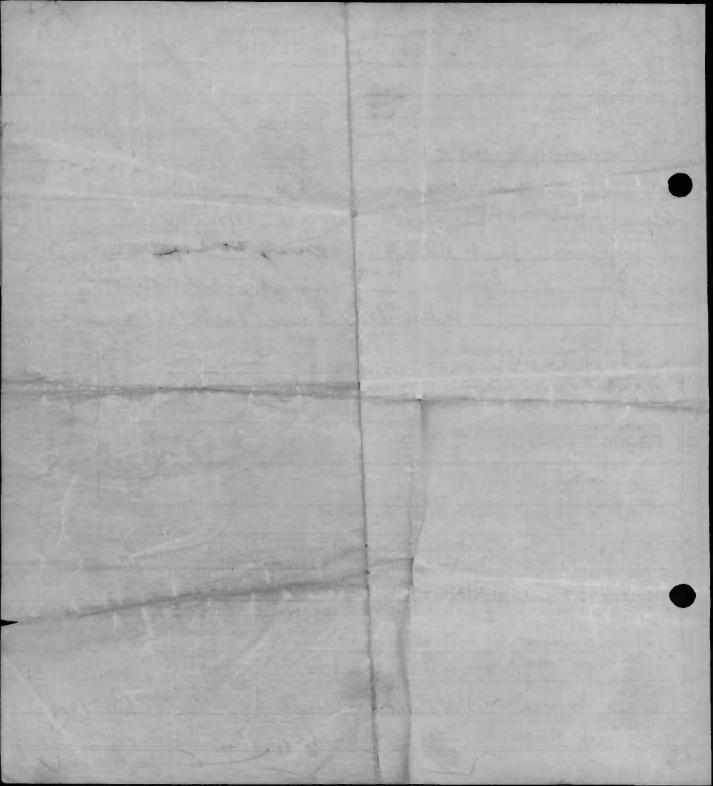
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) (EPh) Alfre	ed Stokes. 2. DATE Jeburary 27, 1951.
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
1526 W. Fairmount ave,	c. CITY OR TOWN (If outside corporate limit, write Hull A and give township)
Yrs.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore Mos. Days	1526 W. Facinount ave.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	B. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours
male WIDOWED, DIVORCED (Specify)	January 2, 1892 Jast birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work dooe during most of working life, even if retired) INDUSTRY	Phelham, n.C. U. La.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
alfred stokes. Sr.	Belle Blaze.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
Mes World War I	Bud Stokes, 1215 W. Saratoja St;
18. 421./1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	£ . // . //
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ce jususpany 1 1949
injury or complication which caused death.) DUE TO	aclemy -
ANTECEDENT CAUSES	5 well mi
Z DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	selve fear pelang 6 miles
(c)	
Ē II	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY7
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	o or 21c. WHERE DID (If in Baltimore City, give exact location)
	etc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?
F INJURY while at work at work	
	3-17, 1949 to 2-27, 1951, that I last saw the
deceased alive on 2-2.7 19.5% and that death occur	rred at 6 m., from the causes and on the date stated above.
	23B. ADDRESS 23C. DATE SIGNED
Trus Is (four M.O.)	2224 Moder M. 3-1-51
24A. BURIAL, CREMA- TION REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial march 2, 1951 Baltimore	navmar. Balkimore mol.
LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS 321
199 Le futication Milians Mill	moratu de Wallama schulder of
VS 150	9 9 9
7 10 /	9 920



Registered No. 2000 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO.

	NAME OF DECEASED 'ype or Print)			2. DATE	
(1	RICHARD PARKER			DEATH Februa:	ry 22, 1.951
	PLACE OF DEATH: Baltimore City, Maryland		. USUAL RESIDENCE (\ . STATE	Where deceased lived, If ins B. COUNTY	titution : residence before admission
	FULL NAME OF 'f not in hospital or institution, give OSPITAL OR	2 40 1	Maryland		
	ASTITUTION •	location)	CITY OR TOWN (I	outside corporate lighits, v	vriteRURAL and gi
	University Hospital		Baltimore .		01
	3	Yrs. C	STREET ADDRESS (If	rural, give location)	
	ength of stay in Baltimore 30 Years	Days	544 W. Cross	Street	
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARI	RIED. 8.	DATE OF BIRTH 1927	9. AGE (In years if the last birthday) Month	
	male colored mary	ied /	narch 1919	23	ays Hours In
	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BU	USINESS OR INDUSTRY	I. BIRTHPLACE	reich country) 12	CITIZEN OF
	Control working into, even in retired	as. R	Virgin	ua.	WHAT COUNTR
13	FATHER'S NAME	11	4. MOTHLE MAIDEN IN	Ab	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	mell. 2. parker.	1 1/2	20 7	late his	~~
11	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.5	OCIAL 1	7. INFORMANT	wanter	
Ye	m, no or unknown) (if yes, give war or dates of service) S	ECURITY NO.	O O	O- (1971)	RESS
	-2/5-	-16-1201	Vena (12)	12/3/WH	amfung
	18. E 987 X	CAUSE OF	DEATH		ONSET AND DEA
	DISEASE OR CONDITION DIRECTLY				
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) Pericardi	tis		
	heart failure, asthenia, etc. It means the disease.		ound of pulmona	ry ortony	
		d Suab WC	or barmoner	y ar very	
	ANTECEDENT CAUSES				100
7	DISEASES OR CONDITIONS, IF ANY, GIVING	(B)		***************************************	***************************************
	RISE TO THE ABOVE CAUSE (A) STATING THE OIL UNDERLYING CONDITION LAST.	UE TO			100000000000000000000000000000000000000
2		(C)		***************************************	
	I I I I I I I I I I I I I I I I I I I				
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED				
ű	TO THE DISEASE OR CONDITION CAUSING IT				
	19A. DATE OF OPERATION 19B. MAJOR FINDI	NGS OF OPERAT	ION		20. AUTOPSY?
2	1 010 BLAST 05	111111711/	Lote Wilens Din (4	(A. J. 7) 141 GIV	YES X NO L
2		INJURY (e. g., in or ry, street, office bldg., etc.)	21c. WHERE DID ()	f in Baltimore City, give	e exact location)
	UTING CAUSE OF DEATH. brid	ge	Hamburg Street	Bridge	
Ξ	21D. TiME (Month) (Day) (Year) (Hour) 21E. IN.	JURY OCCURRED	21F. HOW DID INJURY		
	February 17.1951 12 midnighter	NOT WHILE AT WORK	sharp instrume	nt	
	22. I certify that I took charge of the remain		ve. held an an	topsy	thercon and fro
			Autopsy,	Inspection or Inquiry	
	the evidence obtained by said Autopsy, In and death in my opinion resulted from:	aspection or Ing	urry, find that said de	eccased died on the	day stated abor
	23A. SIGNATURE		23B. CHIEF MEDICAL	EXAMINER TI 23C I	
	1/1 trade	Con MD	ASSISTANT MEDICAL	EXAMINER	

24A. BURIAL. CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR V S 151

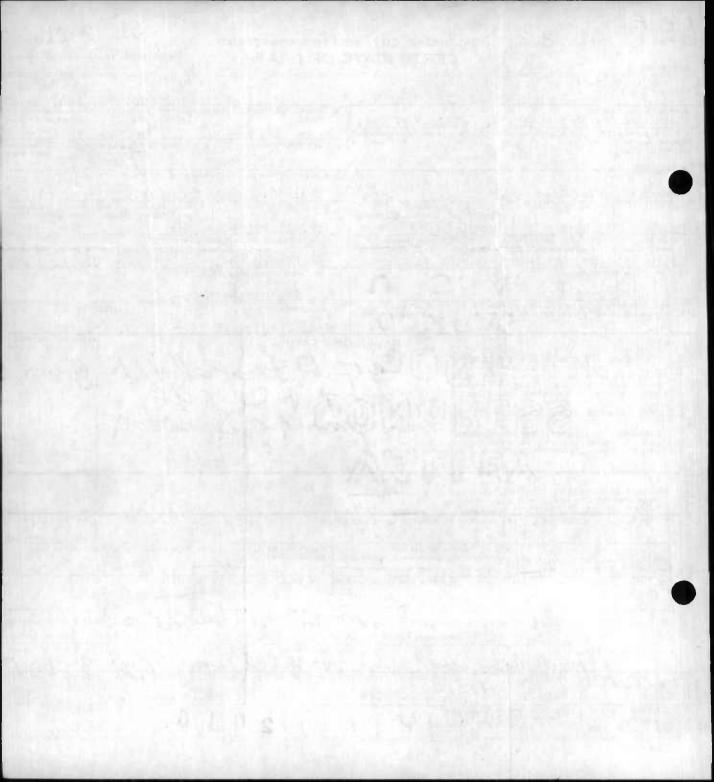


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51 2021 BALTIMORE CITY HEALTH DEPARTMENT

51. 2021

CERTIFICAT	E OF DEATH Registered No
BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE OF
CLARENCE WILLIAM WALTER	DEATH Feb. 28, 1951 4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. Baltimore City, Maryland 918 N. Collington Ave.	A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	
INSTITUTION	township)
<u> </u>	Baltimore /-05
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Lifetime Days	918 N. Collington Ave.,
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years M Under Year M Under 24 Hours last birthday) Months Days Hours Min.
Male White Married	Jan, 11, 1895 56
10A. USUAL OCCUPATION (Give kind of los. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Motion Picture Operator Moving picture	Baltimore, Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Llewlyn Walter	Virginia Dawson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	
No.	Mrs. Virginia Walter 918 N. Collington OF DEATH
	OF DEATH ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	TD Faces Will Dun
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	FWY UNOCKOTY July
injury or complication which caused death.) DUE TO	of to the the
ANTECEDENT CAUSES	of Vi and of Co
Z (B)	mare 1/9 Com
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	V
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	27
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20. AUTOPSY?
The same of the sa	YES NO C
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	
CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?
FINJURY WHILE AT NOT WHILE	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from	2 1950, to 11 2 , 195 that I last saw th
deceased alive on, 19, and that death occu	
	238. ADDRESS () AA 23c. DATE SIGNED
+ had burney M.O.	200 11 Vallerm (16/1 3-7-6
24a. Burial, grem 1-24b. Sate 24c. Name of CEMETE 100. Removal (Specify) Burial Mar. 3, 1951 Baltimore	ERY OR CREMATORY 240. LOCATION (City town, or county) (State)
Burial Mar.3, 1951 Baltimore	Baltimore, Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	Ullrich Fugeral Home 2008 Orleans St.,
VS 150	46E
J 0 / ·	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 2022 Registered No.

BIRTH NO.				
1. NAME OF DECEASED (Type or Print)	PURNE	LL	of DEATH	/1/51
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived, It B. COUNTY	f institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR INSTITUTION /829 COVINGTON	location)		2	is, write RISR Land give
	Yrs.	D. STREET ADDRESS (If	rural, give location)	
c. Bength of stay in Daitimore	Days		9. AGE (In years)	Il Under I Year Il Under 24 Hours
F W MAA	MARRIED, D. DIVORCED (Specify) PRIED	5/14/ 1884	last birthday) M	onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	HONE	11. BIRTHPLACE (State or f. BALTIMORA		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME HENRY FRANK		14. MOTHER'S MAIDEN N	AME	
	16. SOCIAL SECURITY NO.	17. INFORMANT MR. GORDON H. F	PURNELL 1829	ADDRESS OVINCTUN ST
18. 472.1	CAUSE	OF DEATH	The district of	INTERVAL BETWEEN
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A)	iteriosch	Perosis	2 gg.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED				
TO THE DISEASE OR CONDITION CAUSING IT.	INDINGS OF OPER			20. AUTOPSY?
N N				YES NO
D HOMICIDE (Specify) about home, fare	E OF INJURY (e. g., in, factory, street, office bidg.,		If in Baltimore City,	give exact location)
FINJURY	E. INJURY OCCURR ILE AT NOT WHILE AT WORK		Y OCCUR?	
deceased alive on 3 - 1 1951, ar	cceased froml nd that death occu			[], that I last saw the the date stated above
23a. SIGNATURE Colle		23B. ADDRESS ANS	Twe.	23c. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify) BURIAL 3/5/51	CEDAR H	ERY OR CREMATORY 24D. L	OCATION (City, town	n, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATUR LOCAL REGISTRAR MAR 2 - 1951	E Wester wife O	25. FUNERAL DIRECTOR	0	ADDRÉSS 7/5/16/47/57 -30

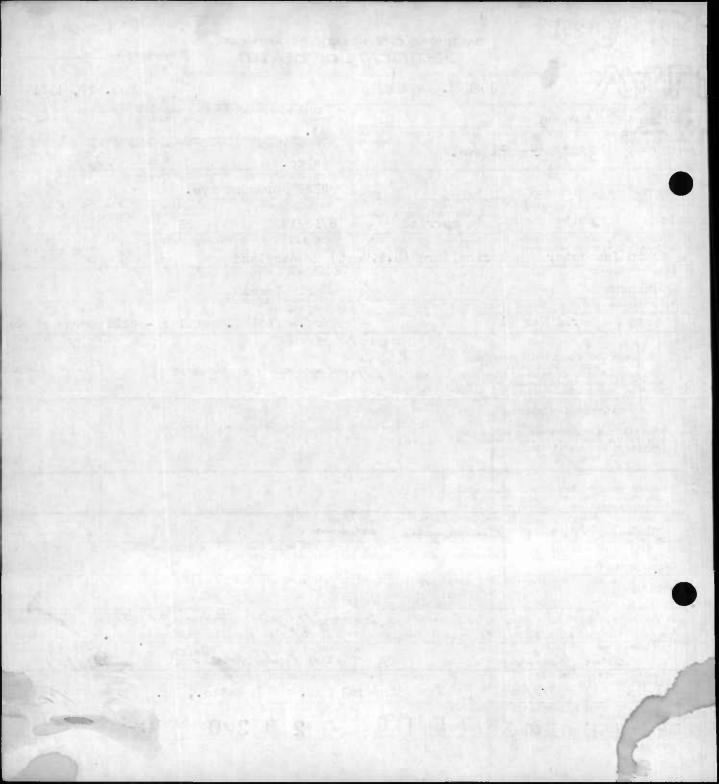
An aaron C Sollod 7078 Antar PL 7215 9-11

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2023

Registered No.

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)	JOHN B. SATTLER		2. DATE OF Feb. 27, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland		A. STATE	here deceased lived. If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital OR INSTITUTION 3237 Normal	al or institution, give street address or location) ount Ave.		outside corporate limits, write RURAL and give township)
ength of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If r 3237 Normount	
5. SEX 6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARTIO	8. DATE OF BIRTH 6/16/1899	9. AGE (In years li Under I Year last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grain Inspector	108. KIND OF BUSINESS OR INDUSTRY Agriculture (U.S. Go	vt) Maryland	reign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME
Unknown		Marie Bowman	
(Yes, no or unknown) (If yes, give war or dates Yes World War	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
yes World War	非 上	Mrs. Ethel C. S	Sattler - 3237 Normount Av
LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It means in jury or complication which complete the means in jury or complication which complete the means in jury or complication which complete the means of t	TIONS CON-	ondogene Cana	17 3 mgo
19A. DATE OF OPERATION 11 Jebrua 1930 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING	9B. MAJOR FINDINGS OF OPER Browelogenic are 21B. PLACE OF INJURY (c. g., i about bome, farm, factory, street, office bldg.,	n or 21c. WHERE DID (If	20. AUTOPSY? YES NO
21D. TIME (Month) (Day) (Year) FINJURY 22. I hereby certify that I att deceased alive on 2/27 23A. SIGNATURE	(Hour) 21E. INJURY OCCURR MHILE AT NOT WHILE AT WORK ended the deceased from 195/ and that death occur	21F. HOW DID INJURY 17, 1930, to freed at 91° m., from the	chas 27, 1951, that I last saw the re causes and on the date stated above.
244. BURIAL, CREMA. 24B. DATE TION, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 240. LC	OCATION (City, town, or county) (State)
Burial 3/3/5 Date Received by Registrar: Local Registrar MAR 2 - 1951		25 Neral Director	gner & Sano- Vaulty.
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

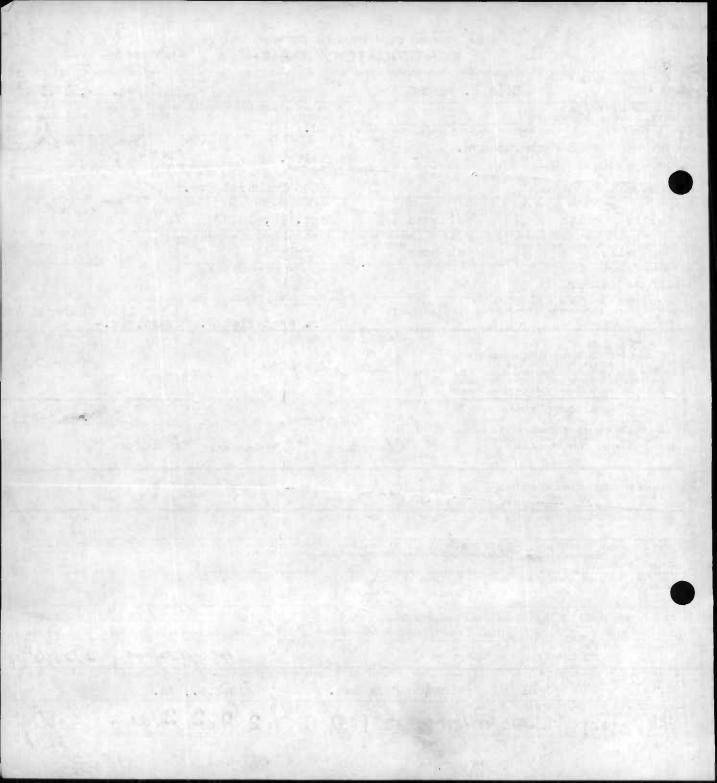
BIRTH NO.						
1. NAME OF C (Type or Print)					2. DATE. Feb	. 28, 1951
		W BAN	NING	44	DEATH	
A. Baltimore	City, Maryland	nl om impelésse	ion of a 4-4-13	4. USUAL RESIDENCE	B. COUNTY	If institution: residence before admission)
HOSPITAL OR	OF (II not in nospit	al or institut	ion, give street address of location)[]	(If outside cornorate lim	nits, write RURAL and give
INSTITUTION	3025 Windsor Res	or Ave.		Baltimore	12 - 0	township)
			Yrs.	D. STREET ADDRESS	(If rural, give location)	
	stay in Baltimore		Mos. Days		t.	
female	white	WIDOW	E, MARRIED, VED, DIVORCED (Specif OWED	B. DATE OF BIRTH Aug. 27, 1865	9. AGE (In years last birthday)	Months Days Hours Min.
Work done during most	CCUPATION (Give kind of of working life, even if retired)	at ho	O OF BUSINESS OR INDUSTR	Y Maryland	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S William	NAME L. Blocher			14. MOTHER'S MAIDEN Emma Duttrow	NAME	
15. WAS DECEAS (Yes, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Margaret	Blocher - 31	ADDRESS 7 E. 30th St.
Z DISEASE RISE TO UNDERL	ire, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, III THE ABOVE CAUSE (A) YING CONDITION LA	aused death SES F ANY, GIVIN STATING TH	1.) DUE TO (B)			
W TRIBUTING	II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	N- ED			
	OF OPERATION O 1	9B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY7
LYING O	DENT WAS UNDER- R CONTRIBUTING DEATH	about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg	.,etc.) INJURY OCCUR?	(If in Baltimore City	
F INJURY	(Month) (Day) (Year)		21E. INJURY OCCUR WHILE AT NOT WHILE WORK AT WORK	E	URY OCCUR?	
22. I hovel	by certify that I att	anded the		- /	Jan 5 , 199	1. that I last saw the
	live on Jan 5			erred at 10:30 p.m., from		,
23A SIGNA		_, 1951.	and that death occi	23B. ADDRESS	n the causes and on	23c. DATE SIGNED
1	auch +n	Aure	M. D.	404 E. N.	The ave	3.1.5-1
24A. BURIATION, REMOVAL	CREMA- 248. DATE		24c. NAME OF CEMET	ERY OR CREMATORY 240	LOCATION (City, tow	n, or county) (State)
Buris DATE RECEIVE	1 3/3/51	S SIGNATI	Lorraine Ce		odlawn, Md.	ADDRESS /
MAR 2 - 1	TRAR	ing for	Williams 169	25. FUNERAL DIRECTO	deaen Va	10 - Cealto
VS 150	May 1		Ed. Talefore			935 MM.

Training the second of the second THE STATE OF THE S and the same the company of the William Land The state of the s AUG RES SUE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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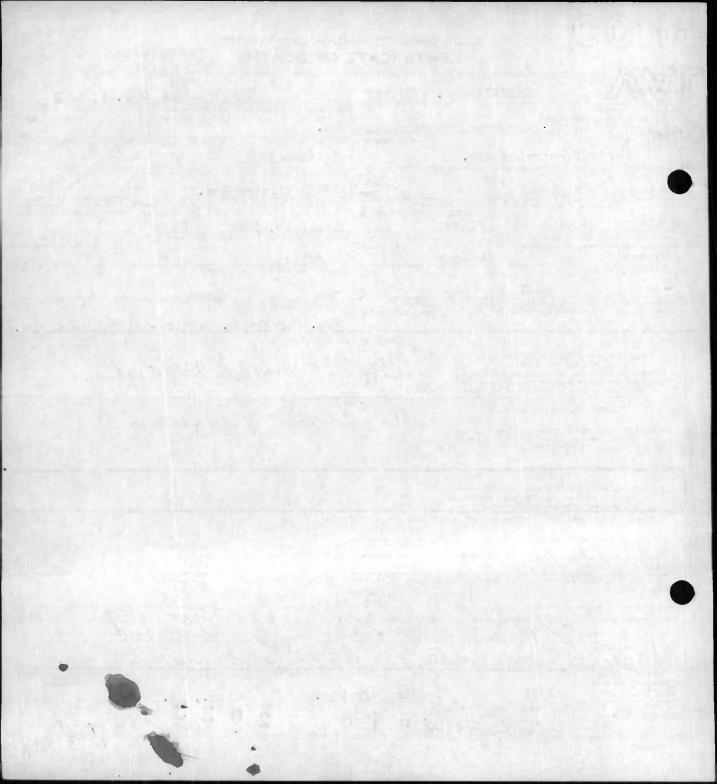
В	IRTH NO.			CERTIFICAT	E OF DEAT	Н	Register	eu 110	
	NAME OF DECEAS		CLLA E.	KRAUSS			2. DATE OF DEATH	Feb. 27	7, 1951
A.	. PLACE OF DEATH: Baltimore City, I FULL NAME OF	Maryland	al or institut	ion, give street address or	4. USUAL RESIDE A. STATE Md.	ENCE (Wh			tion: residence before admission
H	OSPITAL OR	08 Penhu		location)	c. CITY OR TOWN	(If or	itside corporate	limits, write	e RURAL and giv township
	ength of stay in	Baltimore		Yrs. Mos. Days	o. street addre			n)	
	female wh	ite	MIDON	E, MARRIED, /ED,DIVORCED (Specify) widowed	Sept. 17,		9. AGE (In year last birthday 72		Year H Under 24 Houndays Hours Min
10 wor	DA. USUAL OCCUPAT k done duriog most of workin HOUSEWITE	TION (Give kind of g life, eveo if retired)		o of Business or INDUSTRY	11. BIRTHPLACE (S	State or fore	ign country)	12. C W	HAT COUNTRY
13	Thomas Pend	er			14. MOTHER'S MA	IDEN NAM	1E		
1! (Ye	5. WAS DECEASED EVER (se, no or uoknowo) (If y	R IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Frede	erick J	Krauss		Sherwood A
FICATION	(This does not m heart failure, asth injury or compli	enia, etc. It mea cation which c CEDENT CAUS ONDITIONS, II OVE CAUSE (A)	TH f dying, e. g ns the diseas aused death ES FANY, GIVIN STATING TH	E, (A) La e, OUE TO	Suffee Buffee remia wie Glome	eulo	-refhir		but 2 dy
L CERTI	OTHER SIGNIF TRIBUTING TO TH TO THE DISEASE 19A. DATE OF OPE	OR CONDITION	NOT RELATE	FINDINGS OF OPER	Sin Cardio	-vasi	cula, Elu	2	? 20. AUTOPSY?
EDICA	21A. ACCIDENT W LYING OR CON CAUSE OF DEATH	TRIBUTING	21B. PL/ ebout home,	ACE OF INJURY (e. g., i	n or 21c. WHERE D		in Baltimore C		act location)
M	210. TIME (Month) F INJURY	(Day) (Year)		WHILE AT WORK		INJURY (OCCUR?		
	OO. CLONIAMILE.	76.27	, 19 5 !	and that death occur	rred at 3.20 pm. 38. ADDRESS Par	, from the	causes and	on the dat	t I last saw the stated above
2. TI	4A. BURIAL. CREMA- ON REMOVAL (Specify) Burial			M. O. 24C. NAME OF CEMETE Loudon Park (RY OR CREMATORY	240. LOC	O., Md.		nty) (State)
	ATE RECEIVED BY REGISTRAR	REGISTRAR'	SIGNATU		25. MUNERAL DIR	- //	nerV&	Mo -	Salto.
	VS 150	the A.	•	a	1			131	a mis



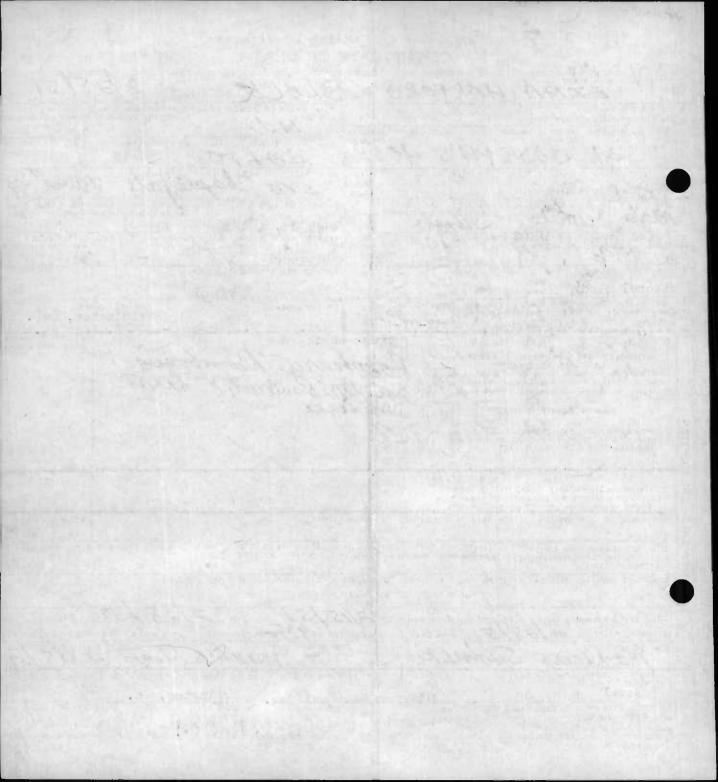
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2026

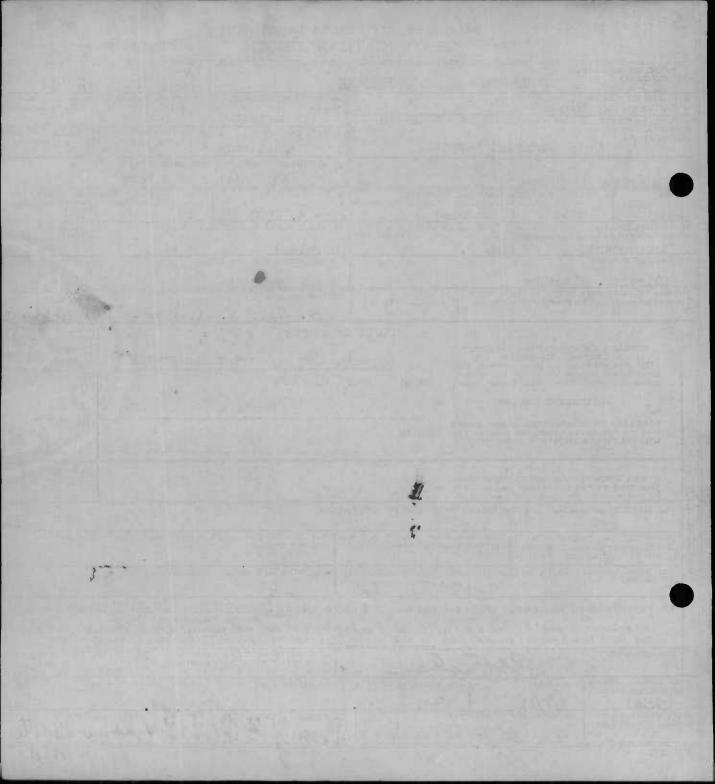
Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF CHRISTINE A. WEYFORTH Mar. 1. 1 9 51 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md . B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 3407 Fairview Ave. townshin Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mog 3407 Fairview Ave. ength of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Female White Widowed April 16, 1865 | 85 10A, USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Housewife At Home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Zeul 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mrs. Dorothy L. Martin - 2337 Linden INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAL YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERă LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? lil CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from. _, 19/4 to . 195 Ithat I last saw the and that death occurred at. deceased alive on_ . 19_5 m. from the causes and on the date stated above. 28A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BÜRIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial 3/3 51 Loudon Park Cem. Balto. DATE RECEIVED BY 25 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150



correct



	51	2,73		CERTIFIC				Register	ed No.	3 33
1.	NAME OF DEC		SEPH	STEM HITE	SHEW			2. DATE OF DEATH M	arch	1, 1951
3.	PLACE OF DEA	TH:	PA 4.24 A A		11 4		ESIDENCE	(Where deceased live	d. If instit	tution: residence
B. H	OSPITAL OR	y, Maryland "I not in hospit Union Memor		loca	ess or	CITY OR	aryland	B. COUNT		before admission ite RURAL and giv. fownship
		y in Baltimore			Yrs. Mos. Days	STREET A	DDRESS (of rural, give location ble Hall Ro		
_	Male	COLOR OR RACE White	WIDOW	E. MARRIED. /ED, DIVORCED (S 10d	pecify)	DATE OF		9. AGE (In year last birthday) 50		1 Year M Under 24 Hours Days Hours Min.
10 wor	Accounta	JPATION (Give kind of orking life, even if retired)	108. KINE	OF BUSINESS C	STRY 11	arvlan	ACE (State or	foreign country)		CITIZEN OF WHAT COUNTRY
15	. WAS DECEASED	ME Hiteshew EVER IN U. S. ARMEE (If yos, give war or date)	FORCES?	16. SOCIAL SECURITY 1	14	Laude Son Information	S MAIDEN		ADDR	Kd.
RTIFICATION	(This does n heart failure, injury or ex Al DISEASES (RISE TO THE UNDERLYIN OTHER SIG TRIBUTING T	EADING TO DEA' ot mean the mode of asthenia, etc. It mea amplication which of NTECEDENT CAUS OR CONDITIONS, II ABOVE CAUSE (A) NG CONDITION LA II NIFICANT CONDITION OTHE DEATH, BUT ASSE OR CONDITION	of dying, e. 1 ns the diseas aused death SES ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B)	heart	diseas	****************	rioscleroti	С	
L CE	19A. DATE OF			FINDINGS OF	OPERATI	ON				20. AUTOPSY?
EDICAL		L CAUSE WAS OR CONTRIB- USE OF DEATH.	21B. PLA about home, f	CE OF INJURY (arm, factory, street, office	e. g., in or bldg.,etc.)	21c. WHE	RE DID	(If in Baltimore Ci	ity, give e	exact location)
Σ	OF INJURY	onth) (Day) (Year)			WHILE	-21F, HOW	DID INJUR	RY OCCUR?		
	22. I certify	that I took char	ge of the	remains describ	ed abor	c, held an	Inspec	tion & Inqu	iry th	ercon and from
	the evide	nee obtained by h in my opinion	said Auto resulted f	psy, Inspection rom: natural co	or Inqu	uiry, find], accident	that said	, Inspection or Inqu deceased dicd or $arepsilon$ \square , homicide \square	r the do	y stated above termined [].
D/	23A. SIGNATUI 4A. BURIAL, CRE ON, REMOVAL (Special ATE RECEIVED E OCAL REGISTRA	MA- 248. DATE 3/5/51 BY REGISTRAR'S		Woodlawn C		ASSISTAN MEDICAL OR CREMAT	T MEDICAL INVESTIGA ORY 24b.	EXAMINER	Marcown, or co	ch 1, 1951
V	\$R ₁₅₁ 185	T Think	To other	B00	50	Im.	J. Sic	mert.	93	> Miles

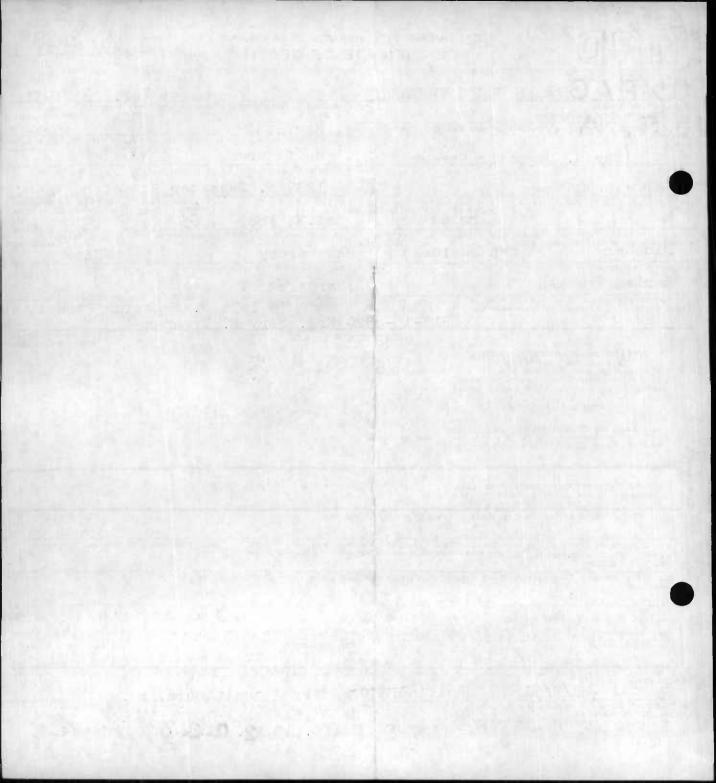


51. 2029

LTIMORE CITY HEALTH DEPARTMENT 51 CERTIFICATE OF DEATH Registered No... BALTIMORE CITY HEALTH DEPARTMENT

2029

В	IRTH NO.			CERTIFICAT	E OF DEAT	П	ateg.stere	4 110.	
	NAME OF D						2. DATE		
			JAMES	TRUEMAN			DEATH Fe	b. 28.	1951
	Baltimore (City, Maryland			4. USUAL RESIDI	ENCE (Wh	ere deceased lived B. COUNTY		: residence fore admission)
В.	FULL NAME		tal or institut	ion, give street address or					
11	OSPITAL OR			location)	C. CITT OR TOWN		itside corporate li	mits, write RI	URAL and give
	18	39 N. Rege	ster S		Baltimo		0-1	00	oownship)
				Yrs. Mos.	D. STREET ADDRE				404
E	ength of s	tay in Baltimore		Days			ster Str		
5,	M	6. COLOR OR RACE	7. SINGLI	E, MARRIED, /ED, DIVORCED (Specify) 1ed	8. DATE OF BIRTH		AGE (In years last birthday)	ff Under Year Months: Days	H Under 24 Hours Hours Min.
10		W TO THE TANK OF T					65		
wor	deneduring most	CUPATION (Give kind of of working life, even if retired)		INDUCTOV	11. BIRTHPLACE	State or fore	eign country)	12. CITIZ	ZEN OF
			pwn bu	siness	New Jersey			USA	
	Charles 1			CONSE	14. MOTHER'S MA	IDEN NAM	1 E		
-		Trueman			Margaret	?			
(Ye	s, no or unknown)	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	1839 1	I. Reges	ADDRESS	reet.
	no			212-18-8320	Mrs. Mar	v E. T	rueman		
	18. 47	0,0			OF DEATH			INTER	VAL BETWEEN
	DISEAS	SE OR CONDITION		0	5 7 W	11 1	7	ONSE	, AND DEATH
	(This does	LEADING TO DEA	of dying, e. g	A AWithin	Schrolie X	learl o	Orlease	(46
	heart failu injury or	re, asthenia, etc. It mes complication which	ins the diseas caused death	e, .) DUE TO					7
		ANTECEDENT CAUS	EFC		- 0.0		0 1	2	
z		ANTECEDENT CAU	,,,,	(B) Cul	erio-acte	rosco-	· Cere un	3	40
0		S OR CONDITIONS, 1 HE ABOVE CAUSE (A)							
A		TING CONDITION LA		(G)					
FIG				(0)			***************************************	***************************************	************************
RTIFICATION	OTHER S	II SIGNIFICANT COND	ITIONS CON						
ш	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D					
U				FINDINGS OF OPER	RATION			1 20.	AUTOPSY?
AL		0						YES	
IEDICA		DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i			in Baltimore Cit	y, give exact	location)
Σ		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY	OCCUR?		
	OF INJURY			WHILE AT NOT WHILE					
h	00 71 7		m.	WORK AT WORK	1067	1. 4.	26.20	51	
	22. I nereo	y certify that I att	conded the	deceased fromand that death occur	1 4 6-10 A	, to	20, IS	L, that I	last saw the
	23A. SIGNA	TIIDE		1.2	2n ADDRESS				ATE SIGNED
		& Jell	Hack	M.D.	218-10	louis.	we.	Fren	16 1117
24	AA. BURIAL, ON REMOVAL (S			24c. NAME OF CEMETE			CATION (City, to		
110	buria	3/2/51	F	Baltimore Ce	meterv	Balti	momo Ma		
	ATE RECEIVE				25 EUNERAL DIR	ECTOR		ADDRES	S
L	DCAL REGIST	RAR	The Market	Minuse 1288	LENRY SANDE	ER & S	ONS, INC	.//_	1.
=	1 27 3 4 4	1001	A CONTRACTOR	B	ALTO, 19, M	2	en /	Jany	u.
	VS 150	64 .5	1.	17420	1	/	11	90	20



correct age is especially important. Physicians: prease write the causes of ucan exemp

BALTIMORE CITY HEALTH DEPARTMENT

51 2030

P.J.	RTH NO.	50		CERTIFICAT	E OF DEATH	Registered	No.
1.		DECEASED	01.			2. DATE OF	
		CAINERINE	118	mens	D & MONTH DEGINERA	DEATH 4	
A.		City, Maryland			4. USUAL RESIDENCE A. STATE	B. COUNTY	before admission)
H	FULL NAM	R	al or institut	ion, give street address or location)		If outside corpor te limi	its, write RURAL and give
IN	Lut	herny H	ACDI		Baltimo	16	township)
7			1	Yrs.	D. STREET ADDRESS (If rural, give location)	
<u>.</u>		stay in Baltimore		Mos. Days	2131 DUKE	land St #1	6
5.	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH		If Under Year If Under 24 Hours onths: Days Hours Min.
	OUF.	White	Dive	reed	Oct 29, 1912	38	
worl	dopeduring mo	OCCUPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	TOUSE. FATHER'S	WILE			MAYYIANG		
		T. McDermo	tt		14. MOTHER'S MAIDEN		
		SED EVER IN U. S. ARME		16. SOCIAL	Mabel I. Red		
(Ye	e, no or nuknow	n) (If yes, give wer or date	s of service)		Mrs.Dorothy G		North Ave.
_	no	1111.				2000 000	INTERVAL BETWEEN
	18.	9/6 X		CAUSE	OF DEATH		ONSET AND DEATH
1		ASE OR CONDITION LEADING TO DEA	TH	Venta	isula Tad	di	
	heart fa	oes not mean the mode cilure, asthenia, etc. It mes or complication which	ins the diseas	se,			
	injury			n.) DUE 10	Λ.	1	
z		ANTECEDENT CAU	SES	(B) Coros	rang men	finency	
LION	DISEAS RISE TO	SES OR CONDITIONS, I	F ANY, GIVII	NG HE DUE TO			
CAT	UNDER	RLYING CONDITION L	AST.	Λ4	1 / 1-		- 1
II.		0.00		(c) Khen	alis Keart 6	lesease, lle	mue, mast
RTI		SIGNIFICANT COND					-
CE		ING TO THE DEATH, BUT DISEASE OR CONDITION					
Ţ	19A. DATE	OF OPERATION	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
CA	21A. ACCI	DENT, SUICIDE.	1 21B. PL	ACE OF INJURY (e. g., i	n or 21c. WHERE DID	(If in Baltimore City,	give exact location)
EDICAL	HOMICIDE			farm, fectory, street, office bldg.,			
Σ	21D. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJU	RY OCCUR?	
	PF INJUR		10000	WHILE AT NOT WHILE			
	22 1 1 200	aba, andif., 47., 47., 47.	m.	WORK AT WORK	26-51 10 4	2. 3 E. C / 10	47.04 7.70.04 0000 47
					26-51, 19, to rred at 615 Am., from		
H	23A. 61GN		, 10,		38. ADDRESS	(1)	23c. DATE SIGNED
	Kar	ald hours	nea	Dala A. M.D.	talleren H	7. 0 hed	2-28-51
710	AA. BURIAL	(Specify)		24C. NAME OF CEMETE		LIDCATION (City, town	
B	urial	3-3-19		New Cathe		ltimore,	Md.
	ATE RECEIVE		SSIGNATU	THE RESERVE AND PROPERTY OF THE PERSON OF TH	25. FUNERAL DIRECTOR		ADDRESS
_	MAR 2.	- 1951 Thereties	为个对人	HELLER, MISS	G. Howard Stron	ng szuv W.N	orum Ave.,

95B

LIVER CALL SECTION

1620	
51 2031	
BIRTH NO.	
	=

BALTIMORE CITY HEALTH DEPARTMENT

Registered No .. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) JOHN WILLIAM FRUSH . DEATH February 28, 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE Baltimore before admission) Maryland B FULL NAME OF If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Maryland General Hospital Parkville D. STREET ADDRESS (If r 'al, give location) Yrs. Mos. 2309 Ellen-Avenue ength of stay in Baltimore Days 6. COLOR DE RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH J. AGE (In years If Hnder 1 Year 1 If Under 24 Hours last birthday) Months: Days Hours: Min. White Male 400 Warris IOA. USUAL OCCUPATION (Givekindof) IOB. KIND OF BUSINESS OR ACE (State or foreign country) 12. CITIZEN OF INDUSTRY moduring most of working life, even if retired) WHAT COUNTRY mely FATHER'S NAME MAIDEN NAME S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) SECURITY NO (Yes, no or unknown) CAUSE OF DEATH 01.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Fracture of pelvis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) XXXXXXXX ANTECEDENT CAUSES Laceration of liver RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH. BUT NOT RELATED ø TO THE DISEASE OR CONDITION CAUSING IT. U 19a, DATE OF OPERATION | 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? CAL 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB-21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 244 W. Lanvale Street UTING CAUSE OF DEATH. Street 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE Fell to ground from scaffold 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes \square , accident \boxtimes , suicide \square , homicide \square , undetermined \square . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 3 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER March MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-24D. LOCATION (City, town, or county) TION REMOVAL (Specify) DATE RECEIVED BY SIGNA FUNERAL DIRECTOR LOCAL REGISTRA S 151

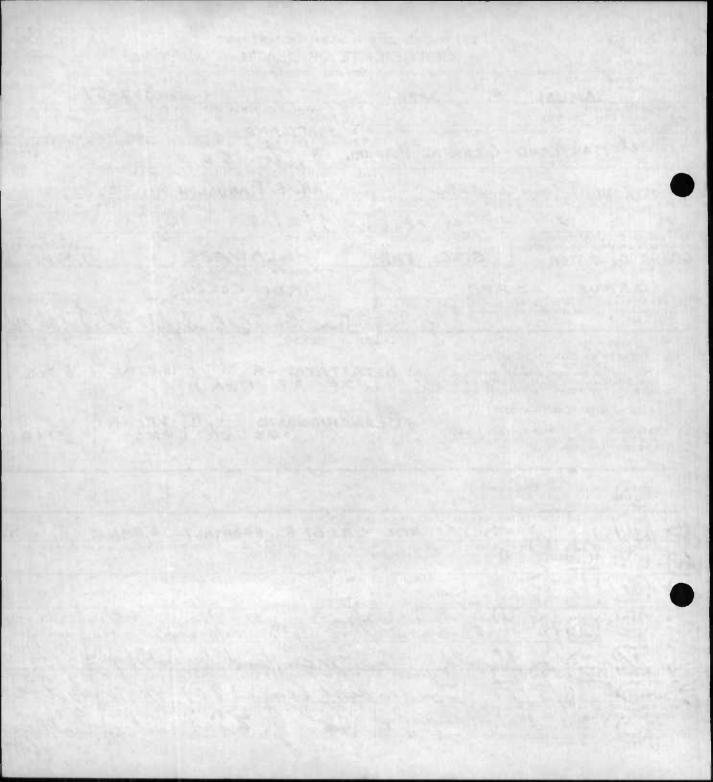
Jun 11-1901 manach West Na. Pareter House Perister n Ewil Golden to Hundy Lo Jula B Sunt. 196-18-593) B Trank Truck, Haufster 114

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1.	2032	2			HEALTH DEPARTS	V	51. 2032		
В	IRTH NO.			CERTIFICA	TE OF DEAT	1 /			
	NAME OF C	SAMUEL	P.	SAPP		2. DATE OF DEATH 3 -	2-51		
	Baltimore (4. USUAL RESIDE	NCE (Where deceased lived B. CQUNTY	. If institution : residence before admission)		
H	FULL NAME OSPITAL OR		al or institut	ion, give street addres locati			mits, write RURAL and give		
II	ISTITUTION	MARYLAND	GENE	RAL HOSPIT	94 Belto	60.	township)		
			2 00	ha Yr		SS (If rural, give location)	Ш _		
-	SEX	stay in Baltimore				ANDOLPH RD .	₹28		
5	M	6. COLOR OR RACE	WIDOW	E, MARRIED, PED, DIVORCED (Sport)	8. DATE OF BIRTH		Months Days Hours Min.		
10 wor	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	RY	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
	RANE DI	PERATOR	ST	EL IND	14 1407115010 114	WARE	U.SA.		
H	SA	MUEL S	APP	(M	VIRDI	COLLINS			
15 (Ye	. WAS DECEAS , no or unknown)	ED EVER IN U, S. ARMET	FORCES?	16. SOCIAL SECURITY NO	17. INFORMANT	- 011	2008 - 011 -1		
_		6			hers Tanny	C. sapp	Randolph Rd.		
		SE OR CONDITION	DIPECTIV	CAUS	E OF DEATH		ONSET AND DEATH		
		LEADING TO DEAT	TH	A. MET	ASTATIC CA	RT. FRONTA	L 6 ma		
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
	ANTECEDENT CAUSES								
TION	DISEASE	S OR CONDITIONS, II	F ANY, GIVIN	(B) .U.R.O.	NCHIOGENIC	OF LUNG	S. S. S.		
ATI		THE ABOVE CAUSE (A) YING CONDITION LA		12 DOE 10		04 F 1 10 C	8740.		
FIC				(C)					
RTIFICA	OTHER S	II SIGNIFICANT CONDI	TIONS CON						
CEI	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D					
	19A. DATE	F OPERATION 1		FINDINGS OF OF			20. AUTOPSY?		
CA	2/19/	51		ASTATIC C		RONTAL LOBE, BI			
2/19/51 METASTATIC CA OF RT. FRONTAL LOBE BRAIN YES 2/1A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? (If in Baltimore City, give exact INJURY OCCUR?)									
	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCU	RRED 21F. HOW DID	INJURY OCCUR?			
m, WHILE AT NOT WHILE AT WORK									
22. I hereby certify that I attended the deceased from 2/11 195/, to 3/2 , 195/, that I last saw the deceased alive on 3/2 , 195/, and that death occurred at 950mm, from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED									
	deceased a		_, 19 <u>5/</u> .	and that death of	curred at 9 Am.,	from the causes and or	the date stated above.		
	A	and & 9	furt	M. D.	may Ca	of General 34	23c. DATE SIGNED		
TIC	AA, BURIAL, ON, REMOVAL (S	CREMA- 248. DATE	-,	4c. NAME OF CEME	PART OR GREMATORY	24D. LOCATION (City, to	wh, or equity (State)		
-6	ATE RECEIVE		S SIGNATU	RE BE	25. FUNERAL DIRE	STOR TRUE	ADDRESS_		
L	MAK Z	RATS STEMATO	for I'm	historial 194	John J.	Lowen al	w Thelling		

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51		2033

BALTIMORE CITY HEALTH DEPARTMENT

5033

В	RTH NO.			CERTIFICATI	E OF DEATH	Acgisteleu i	10,		
	NAME OF D ype or Print)		NAOMI	ZERNER		2. DATE OF DEATH Felo	28.1951		
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived, If B. COUNTY	institution: residence before admission)		
B. H	FULL NAME OSPITAL OR ISTITUTION,	OF (If not in hospit	,	on, give street address or location)	MARYCAND		s write RUDAL and give		
(NION	MEMORIA	r HOSI	PITAL	BACTIMORG		township)		
	ength of s	tay in Baltimore		Yrs. Mos. Days	2504 E. B	rural, give location)			
5.	SEX	6. COLOR OR RACE		, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH OPULIS 1905	9. AGE (in years last hirthday) Mo	Under I Year If Under 24 Hours on the Days Hours Min.		
To the	A. USUAL OC	CUPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country)	12. CITIZEN OF		
13	FATHER'S				14_MOTHER'S MAIDEN N	AME			
(Jeorge	Losle	N		Carres Ce	my.	V		
15 (Ye	WAS DECEASE , oor unknown)	D EVER IN U, S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS		
	18. 3.3	IV.		CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEAS	E OR CONDITION	DIRECTLY				ONSET AND DEATH		
	(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.)								
		ANTECEDENT CAUS	ES	2 - 3 - 3 - 3 - 5	144 4 4 0	Section 1			
Z	DISEASES	OR CONDITIONS, II	r any count	(B) Right /	idel cereful le	monlage	38 days		
TION	RISE TO T	HE ABOVE CAUSE (A)	STATING THE			0			
RTIFICA				(C)					
TIF	OTHER C	II .	-10.110						
Ш	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED						
U				FINDINGS OF OPER	ATION		20. AUTOPSY?		
CAL		7					YES X NO		
MEDICA	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER. CONTRIBUTING DEATH		CE OF INJURY (e. g., i rm, factory, street, office bldg., e	n or 21c. WHERE DID (I	f in Baltimore City, i	give exact location)		
É	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE								
h	22. I herch	u certify that I att		deceased from	-21 1951 to	126 28 195	that I last saw the		
		he date stated above							
	23A. SIGNAT	TURE (TO		2	38. ADDRESS union me	moral Nodgetal	23C. DATE SIGNED		
2/	A. BURIAL/C	un s. Ill	an !	M. D. 4C. NAME OF CEMETE	Baltone 18 V	OCATION (City, town,	1020 20, 1731		
1	N. REMOVAL (S	pecify) Mh	diaci	HPP	11 0	1 B	- /		
	ATE RECEIVE		6 SICHATUI	RE COLL	25. FUNERAL DIRECTOR	22 0	ADDRESS		
M	AR 7 - 19	FAR Timette at	m / Milis	unit, Marie	Leve Serie 17010	Th. P. H.	Parkan		
771	VS 150	3		1	- Committee	J. W. Service 190	-		
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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location) HOSPITAL OR C. CITY OR TOWN (If outside corporate) imigs, write RURAD and give INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. DLLa 35 ms. Length of stay in Baltimore Days 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OF RACE 8 DATE OF BIRTH AGE (In years) If Under I Year H Hoder 24 Hours AGE (In years | H Under | Year | H Under 24 Hours | last birthday) | Months | Days | Hours | Min. ARRIED IOA. USUAL OCCUPATION (Give kind of work, dooe during most of working life, even if retired) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF INDUSTRY WHAT COUNTRY? teel yorker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Interior 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, oo or ooknowo) (If yes, give war or dates of service) SECURITY NO. Unknower HOPKINS KOSPITEI NTERVAL BETWEEN CAUSE OF DEATH 18. 163X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFI (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL 26 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. a., io or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) INJURY OCCUR? Σ 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? DF INJURY WHILE AT NOT WHILE AT WORK WORK 155 195 1, to 1951, that I last saw the 22. I hereby certify that I attended the deceased from 19.5/ Am., from the causes and on the date stated above. and that death occurred at. deceased alive on 23c. DATE SIGNED 23A, SIGNATURE 238. ADDRESS IN ALL Muas MID. 24C/NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-24B. DATE 24D. LOCATION (City, town, or county, (State) TION, REMOVAL Specify Burial DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR Hamell

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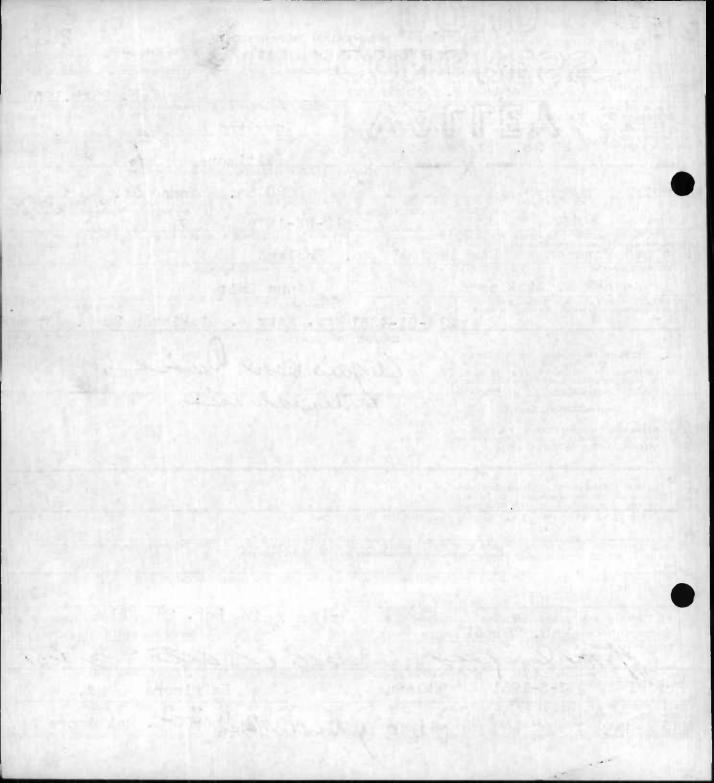
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

51. 2035

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	NAME OF Dope or Print)		rick .	J. Dickin	son			2. DATE OF DEATH PAD	. 28	th.1951
a. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore B. FULL NAME OF (If not in hospital or institution, give street address or						4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission				
HO	SPITAL OR STITUTION									
	ength of s	tay in Baltimore			Yrs. C Mos. Days	STREET ADDRE	ess (If r	ural, give location)	
	sex ale	6.COLOR OR RACE	WIDOV	E. MARRIED. VED. DIVORCED (S	pecify) 8	2-25-1879		otomac S. 9. AGE (In years last birthday)	If Under Months	Days Hours Min
Re	tired	CUPATION (Give kind of no working life, even if retired) Foreman		of Business of Industry dard 011	OR 1	England	·			CITIZEN OF WHAT COUNTRY
13.	FATHER'S				1.	4. MOTHER'S MA		ME		
15		eph N. Dick		16. SOCIAL			Unit			
(Yes.	no or unknown)	(If yes, give war or date	nf service)	SECURITY 1214-01-43	NO. I	rs. Mary	A. D:	ickinson	20 S	~ 0 (
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CDNTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					irensle	s V	2000 C		
				FINDINGS OF	OPERAT	ION				20. AUTOPSY?
MEDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH	21c. WHERE D INJURY OCCU		in Baltimore Cit	ty, give e	exact location)			
2	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK AT WORK									
	deceased a	y certify that I att live on Feb. 2			23B	, 19	Sto Fe from th	e causes and o	n the do	at I last saw that estated above C. DATE SIGNED
24 The	A. BUNAL (S	CREMA-1-24B. DATE		24c. NAME OF CEI		OR CREMATORY	240. LO	CATION (City, to	wn, or co	
DA Lo	TE RECEIVE CAL REGIST	D BY REGISTRAR	SSIGNATI	JRE	90A	FUNERAL DIR	ECTOR	•2 0	ADD	DRESS Lmore St.
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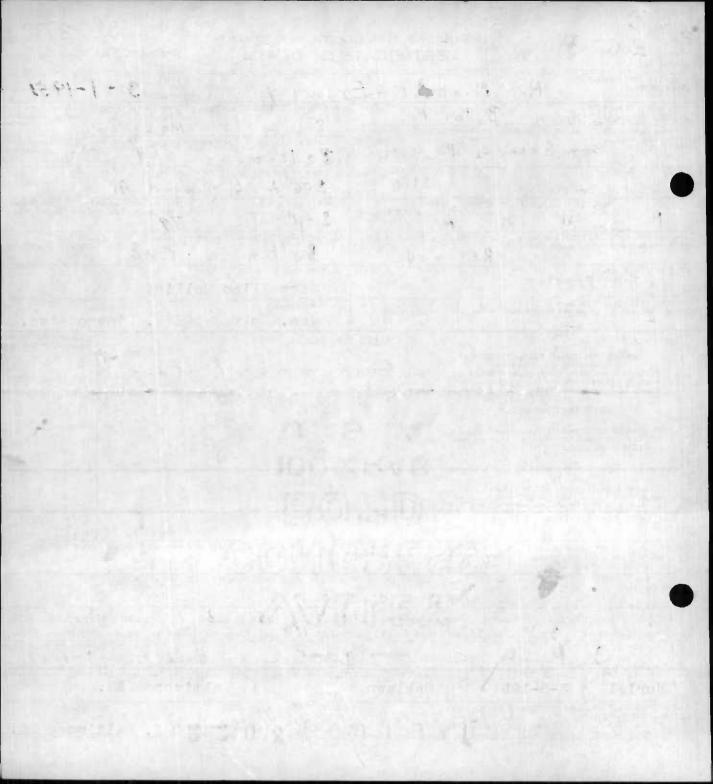


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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Registered No.

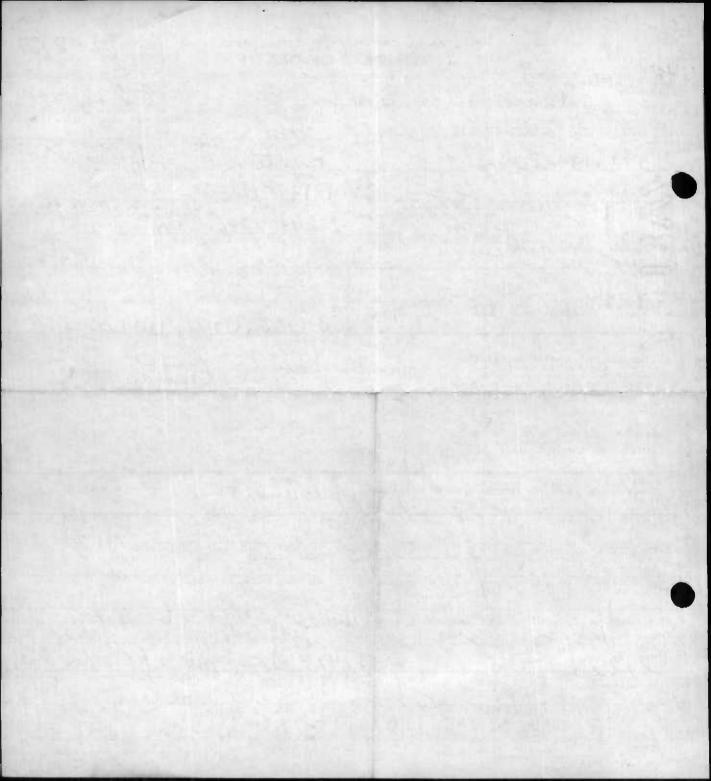
BIRTH NO.	FICATE OF	JEATH	registereu .	.10.			
1. NAME OF DECEASED My. Michael	1 Fran	124 2	DATE OF BEATH	-1-1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland Betto, Md		L RESIDENCE (When		f institution : residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give stre	et address or	2.17	Meryl	2nd			
INSTITUTION BON SECOURS HOSE	location) C. CITY	OR TOWN (If out	side corporate limi	ts, writeRURAL and give township)			
3 /2	1 000	T ADDRESS (If rur	al, give location)	-01			
ength of stay in Baltimore	Moe M	1 4. 5.	wood A	v.			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIEL WIDOWED, DIVOR	CED (Specify)	0F BIRTH 9	AGE (In years last birthday)	if Under Year If Under 24 Hours on the Days Hours Min.			
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13. FATHER'S NAME	14. MOTI	ER'S MAIDEN NAME					
John Frawley	Me	ry Ellen Ca	allins				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA (Yes, no or unknown) (If yes, give war or dates of service) SECU		RMANT	A	DDRESS			
SECO	Mr	s. Wolf 2	206 N. Li	nwood Ave.			
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	9	m 2 of	Face				
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21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, farm, factory, at CAUSE OF DEATH		WHERE DID (If in	Baltimore City,	give exact location)			
210. TIME (Month) (Day) (Year) (Hour) 21E, INJURY WHILE AT WORK	Y OCCURRED 21F. NOT WHILE AT WORK	O YAULMI DID WOF	CCUR7				
22. I hereby certify that I attended the deceased from 1-4, 1951, to 3-1, 1951, that I							
deceased alive on 3-1, 19 51 and that a							
23A. SIGNATURE Heals	238. ADDR M. D. Bon	Secound b	(01 p; /2)	3-1-57			
TION DEHOVAL (Specify)	of CEMETERY OR CRE	MATORY 240. LOCA	ATION (City, town				
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR MAR 2-1951	25. FUNI	RAL DIRECTOR	000 E. Be	ADDRESS			
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BALTIMORE CITY HEALTH DEPARTMENT

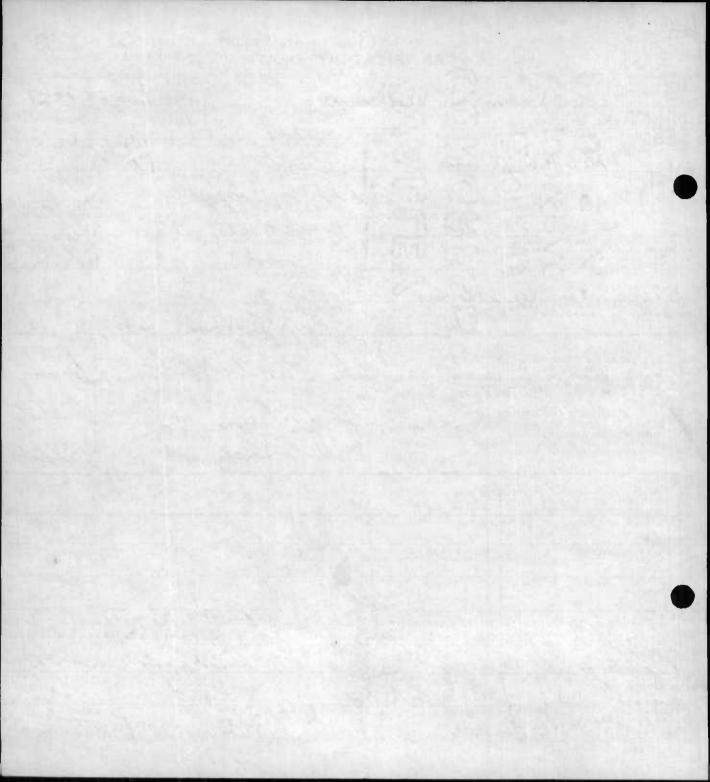
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(Type or	Print)	Pear	e Le	wes Dors	مادا	DEATH TOL	- 28.1951
3. PLAC					4. USUAL RESIDENCE (V	Vhere deceased lived.	
B. FULL		City, Maryland OF (If not in hospit	al or instituti	on, give street address or	A. STATE	B. COUNTY	before admission)
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40				Yrs.	D. STREET ADDRESS (If	rural, give location)	
Leng	th of s	tay in Baltimore	20	Mos. Days	1319 Ettin	val Dit	
5. SEX		6. COLOR OR RACE		MARRIED.	8. DATE OF BIRTH	AGE (in years	
7		-	WIDOW	ED, DIVORGED (Specily)	Dec 14 1896	54	Months Days Hours Min.
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13. FATH				******	14. MOTHER'S MAIDEN NA	AME	1 0131 111
11/2	00. :	200.00					
15. WAS	DECEASI	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
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in;	jury or	complication which c	aused death.	DUE TO	BATTER BATTER SHE		
		ANTECEDENT CAUS	ES				
Z DI	SEASES	OR CONDITIONS, II	ANY GIVIN	(B)		*****************	
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1	7	2) short		M. D. 4	1413 D may 9	that sil	axel 1-51
24A. BL	RIAL,	REMA- 248, DATE	2	4C NAME OF CEMETE	RY OR CREMATORY 240. L	OGATION (City, tow	n, or county) (State)
TION, REM	IOVAL (S	de 3/4/	101	(1,0	(14)	0	ma
DATE RI			S SIGNATU	RE	25. FUNERAL DIRECTOR	muss.	ADDRESS
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2038 Registered No.

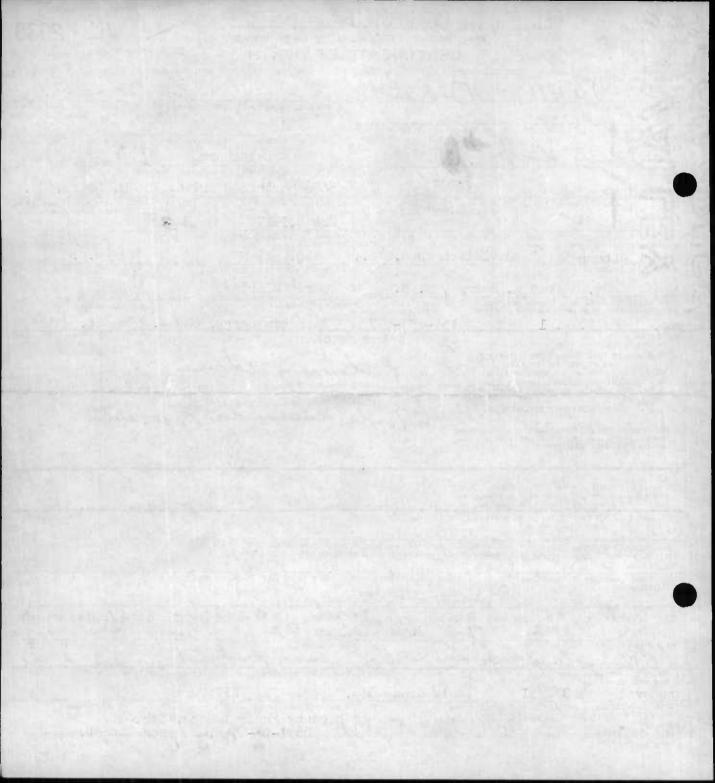
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CERTIFICATE CORRECTED 3-13-51

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BI	RTH NO.			CERTIFIC	ATE	OF DEATH	Registered .	No.
=	NAME OF D	ECEASED					2. DATE	
	ype or Print)	JOHN	F	ERR	-/			-2-5/
	PLACE OF D					4. USUAL RESIDENCE (V		
-	FULL NAME	City, Maryland OF (If not in hospit	al or institut	ion, give street addr	ess or	Md.	B. COUNTY	before admission)
H	SPITAL OR	. 11	1		ation)	C. CITY OR TOWN (If	outside corporate limi	ts, write RULAL and give
		nac Kos	p.			Baltimo	re Z	township)
97			d		Yrs.	D. STREET ADDRESS (If	rural, give location)	
		tay in Baltimore	0		Mos. Days	5626 Northwood	Drive, Rpt D	Balto, Md.
5.	SEX	6. COLOR OR RACE	7. SINGLE WIDOW	E. MARRIED.	Specify)	8, DATE OF BIRTH		onths: Days Hours: Min.
	1-1	w				Oct 9,1917	33	
		CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS O		11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	Patent A		Davidia	son Chem.	0.,	Penn.		u.s.
13	FATHER'S	NAME			MI	14. MOTHER'S MAIDEN NA	AME	/
		Dr. Alfred		y , M. D.		Sarah Winring		
15 (Ye	. WAS DECEASI	ED EVER IN U. S. ARMEI (If yee, give war or date	FORCES?	16. SOCIAL SECURITY	NO	17. INFORMANT	A	ADDRESS
_	ves.	W. W. L		159-183-05		Kathleen Ferry	, 629 N. 631	ed St. Phila, F
	18. 40	1,2,		CAU	SE C	OF DEATH		INTERVAL BETWEEN
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	heart failu	re, asthenia, etc. It mea	ns the disease	e,			***************************************	
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		y certify that I att	ended the	deceased from_	1	2 6 195/, to = red at/12 5/m., from t		that I last saw the
	23A. SIGNA	live on 3-2	. 19 3 1.	and that death	oceur:	red atm., from t	he causes and on t	the date stated above.
	Onla	2	tolma	M.		Senai Koop	ital	3-2-51
24	AA. BURTAL, ON, REMOVAL (S	CREMA- 24B. DATE	/			RY OR CREMATORY 24D. L	OCATION (City, town	n, or county) (State)
TIG	removal (s	3/2/51		Halv Cross	Cem	· Calvary Cen Phil	a Pa	
D.	ATE RECEIVE	D BY REGISTRAR			- Course	25. FUNERAL DIRECTOR		ADDRESS
L	DCAL REGIST	RAR	ton 14/1.	J. AnE	,\$	chimunek Funeral	Home, Inc.	
_	MAR Z = 1	351	44. [11.//	\$.b(k# 4/) [- 12]	1	P601-03-05-1	Madison St	reet.
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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED (Type or Print) OF. DEATH A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived, If institution : residence before admission) A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF location) Write WURAL and give HOSPITAL OR C. CITY OR TOWN +If outside corpora b limits. INSTITUTION township D. STREET ADDRESS (If fural, give location) Yrs. Mos. Means ength of stay in Baltimore Dave SINGLE MARRIED, AGE (In years) M Under 1 Year 6. COLOR OR RACE 8. DATE OF BIRTH If Under 24 Hours last birthday) Months Days Hours Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of work do coring most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewell mil 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVEN IN U.S. ARMED FORCE (Yes, no of nnknown) (If yes, give war or dates of service) HOLLS BOPLIES TOSPITAL DORESS 16. SOCIAL 17. INFORMANT (Yes, no of nnknown) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH 18. 443X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF 20. AUTOPSY 19A. DATE OF OPERATION EDIC 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? Σ 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE WORK 12051, to 02-28 22. I hereby certify that I attended the deceased from 2 -2 . 195/ that I last saw the deceased alive on 2 -28-1951, and that death occurred at A.m., from the causes and on the date stated above. C. DATE SIGNED 23A. SIGNATORE 23B, ADDRESS

24C. NAME OF CEMETERY OR CREMATORY

VS 150

LOCAL REGISTRAR

24A. BURIAL, CREMA-

Sulial DATE RECEIVED BY

148. DATE

REGISTRAR'S SIGNATURE

Lucitive Toy. Millians, Miles

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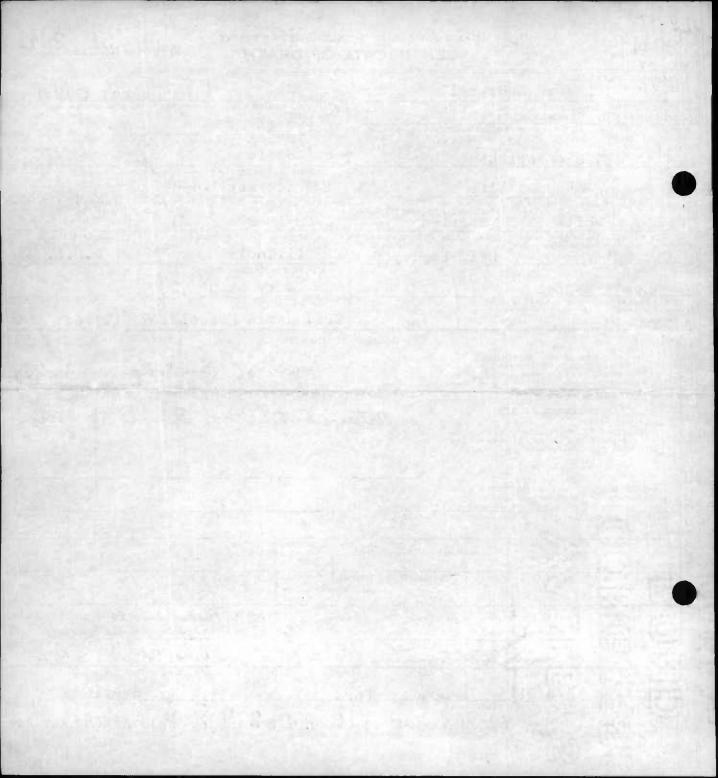
24D. LOGATION (City, town, or county)

THE REPORT OF THE PARTY OF

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF Edward X Brasel 1951 DEATH March 1 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, wright-HURAL and give INSTITUTION township) Baltimore 137 Siegwart Lane Yrs. D. STREET ADDRESS (If rural, give location) Mos. Lane Life 137 Siegwart ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) It Under ? Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 3/28/1569 White Married 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY U.S.A. Illinois Carpenter Employed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lewis Brasel Mary Stout 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) | (if yes, give war or dutes of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO Mrs. Mamie Brasel 137 Siegwart Lane 447X INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY Cerebral Embolism LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO arteriorcherote: C-V-R Pageage ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 YES 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg..etc.) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! , 1950 to March 1 , 1951, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on March 1, 1951, and that death occurred at 10 p. m., from the causes and on the date stated above. 23A. SIGNATURE 23c DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248, DATE 24D. LOCATION (City, town, or county) Cremation 3/3/51 Baltimore Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECT ADDRESS LOCAL REGISTRAR Stansbury 2700 Edmondson Ave

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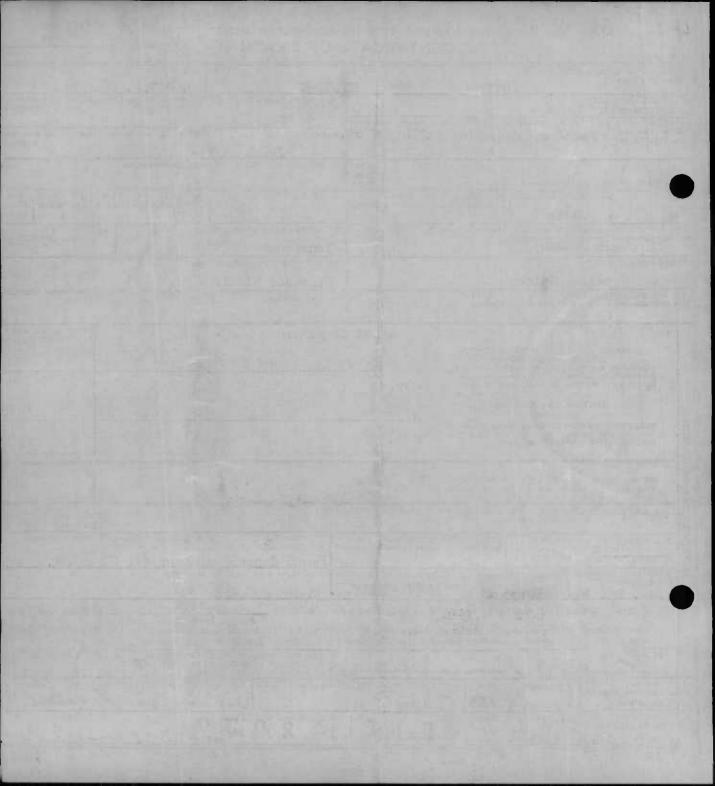
51 2042 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Jeff HOLCOMB DEATHFeb. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) f not in hospital or institution, give street address or B. FULL NAME OF Florida HOSPITAL OR Found drowned Pier #12 Lightist, c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Jacksonville o. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) B. DATE OF BIRTH 9. AGE (In years | If Under 24 Hours | last birthday) | Months | Days | Hours | Min. If linder 24 Hours White 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY work done during most of working life, even if retired) INDUSTRY Merchant Seaman Tennessee 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ulvesses Holcomb Florence Riddle 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Drowning, found drowned (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, Injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? YES 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING M OR CONTRIB. UTING | CAUSE OF DEATH. Found drowned at Pier #12 Li ht St. 21D. TIME (Month) (Day) (Year) (Hour) 121E. INJURY OCCURRED OF INJURY 21F. HOW DID INJURY OCCUR? Feb. 26, 1951 AT WORK SE Found drowned 22. I certify that I took charge of the remains described above, held an Autopsy. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses [], accident [] suicide [], homicide [], undetermined []. 23A. SKANATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER M.D. MEDICAL INVESTIGATOR B-ORIAL, CREMA-240. LOCATION (City, town, or county)

TION, REMOVAL (Specify) Tumoval,

DATE RECEIVED BY

LOCAL REGISTRAR

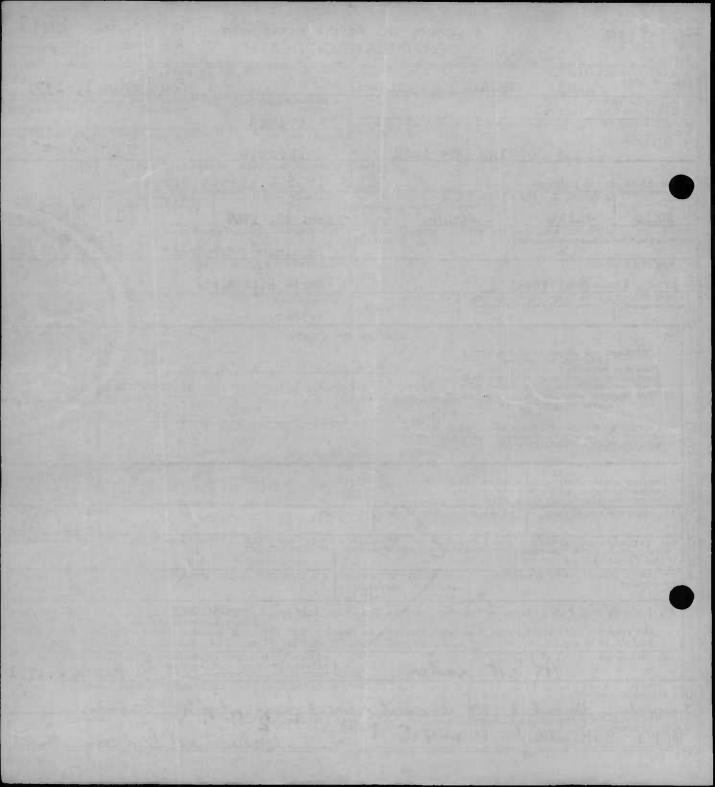
remesse 25. FUNERAL DIRECTOR ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) THOMAS FRANK WILINSKI DEATH March 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. Baltimore City, Maryland A. STATE B. COUNTY Maryland B. FULL NAME OF "f not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RVRA), and give Johns Hopkins Hospital Baltimore o. STREET ADDRESS (If rural, give location Mos. 1836 E. Pratt Street ength of stav in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under i Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. 3 male white Single Dec. 10, 1949 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Thomas Wilinski Marie Ella Marie 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. Father NTERVAL BEIWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Gastro enteritis, acute with (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. terminal aspiration of vomitus injury or complication which caused death.) OUF TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19B, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? CAL (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. 210 TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WORK AT WORK autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from; natural causes [X] accident [], suicide [], homicide [], undetermined []. 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER X | 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) Jacked Heart of 5. FUNERAL DECIDE DATE RECEIVED BY REGISTRAR'S SIGNATURE

REGISTRAR 151

wenter of Millians All

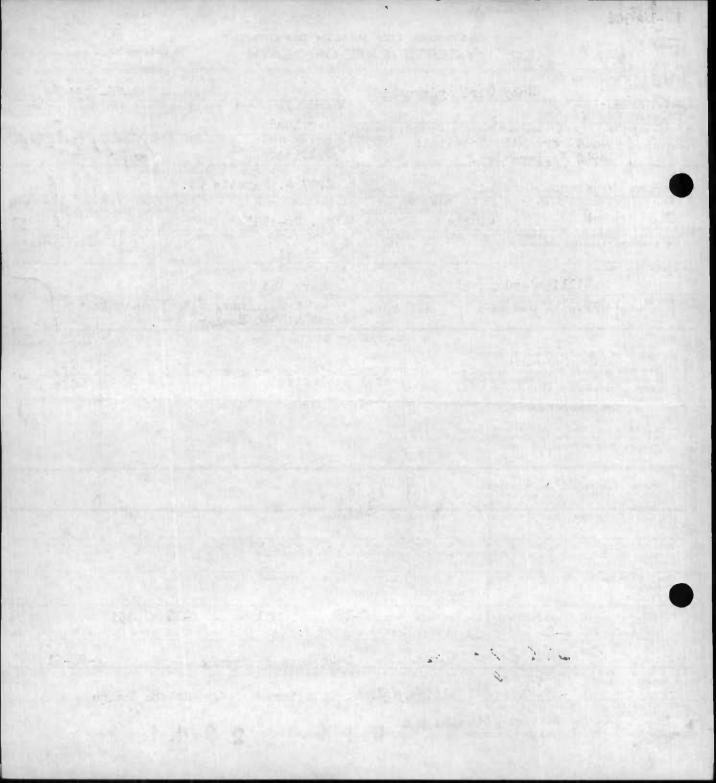


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2044

Registered No.

В	IRTH NO.	51-04305		CLIVIII ICATI	L OF DEATH		
	NAME OF D		by Girl	Rydzynski		2. DATE OF DEATH 2-	26-1951
Α.		City, Maryland	al or institut	ion, give street address or	4. USUAL RESIDENCE () A. STATE Maryland		
H	OSPITAL OR	Baltimore C. 4940 Eastern	ity Hos			f outside corporate limi	its, write RVRAL and give
	ngth of s	tay in Baltimore	Life	Yrs. Mos. Days	2707 E. Fayett		
5.	SEX T	6.COLOR OR RACE		E. MARRIED. /ED. DIVORCED (Specify) 1e	8. DATE OF BIRTH Feb. 26-1951	9. AGE (In years last birthday)	ff Under I Year on the Days Hours Min.
1 C	A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	Maryland		12. CITIZEN OF WHAT COUNTRY
13	3. FATHER'S (William R	rdzynsk	i	14. MOTHER'S MAIDEN N	IAME	
15 (Ye	5. WAS DECEAS e, no or unknown)	ED EVER IN U.S. ARMED (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORM Deltimor Records: 4940 Eas	e City Hospit	things ss
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED							Life Life
CERTIF	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D			
SAL	19A. DATE (OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		YES X NO
MEDIC	YES X NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING ebout home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or bout home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK TWORK WHILE AT WORK AT WORK						give exact location)
		live on 2-26	cnded the	deceased from 2- and that death occur	26 , 1951, to	the causes and on	
TIC D.	AA. BURIAL, 10 N. REMOVAL (S Cremation ATE RECEIVE DOCAL REGIST IN 3 - 10 VS 150	n 2-27-51 D BY REGISTRAR:	S SIGNATU	Paltimore C. H		O A	n, or county) (State)
							10000

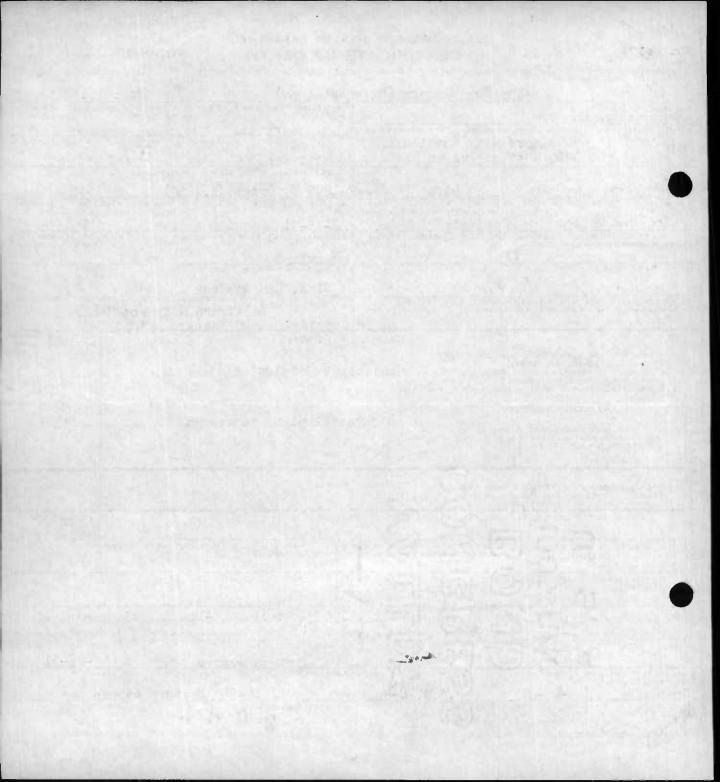


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 2145

Registered No._

В	RTH NO. 01-0366/					
	NAME OF DECEASED ype or Print) Bs	hy Boy	Windsor (Eliz	shath Mos)	2. DATE OF Fab	. 16,1951
	PLACE OF DEATH: Baltimore City, Maryland	10 y 2 0 y	"Indsor (2112	4. USUAL RESIDENCE (W		
В.	FULL NAME OF (If not in hospit	al or institut	tion, give street address or	Maryland		
			Hospitals (cation)	C. CITY OR TOWN (If	outside corporate limi	ts, write RURAL and give
1	4940 Eas	tern A	renue	Baltimore	4	-O Cownship)
			Yrs.	D. STREET ADDRESS (If	rural, give location)	
4	ngth of stay in Baltimore		Life Mos. Days	1209 W. Cross S	t. (30)	
5.	SEX 6.COLOR OR RACE		E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	onths: Days Hours: Min.
	Male White	Sin		2-15-51	last bir (iiday)	1
1 C	A. USUAL OCCUPATION (Give kind of dooe during most of working life, eyeo if retired)	10B. KIN	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
	The second was all second in section.		INDUSTRI	Maryland		WHAT COUNTRY?
13	FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME	1
	? ?			Eliz. Mae Wind	sor	
15	. WAS DECEASED EVER IN U. S. ARME	D FORCES?	16. SOCIAL			ADDRESS
(Ye	(If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANTBaltim	ore City nes	pitals
	18. 57/ 0 0		CALLET	Records: 4940 E	astern Avenu	INTERVAL BETWEEN
	100.0	DIDECK		OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION LEADING TO DEA	TH		it a Atological		Life
	(This does not mean the mode of heart failure, asthenia, etc. It mes	of dying, e. : ins the diseas	g., (A) YONGEN	ital Atelectasis		211.6
	injury or complication which	caused death	h.) DUE TO			
	ANTECEDENT CAUS	SES	т.			TAG
Z	DISEASES OR CONDITIONS, I	F ANY. GIVII	(B)intrav	entricular Hemorr	hage	Life
Ĕ	RISE TO THE ABOVE CAUSE (A)	STATING T	HE DUE TO			
O			(C)			
RTIFICATION	11					
RT	OTHER SIGNIFICANT COND					
CE	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION					
	19A. DATE OF OPERATION	98. MAJOR	FINDINGS OF OPER	ATION	STATE OF THE STATE	2C. AUTOPSY?
A		1				YES X NO
EDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		ACE OF INJURY (e. g., inform, factory, street, office bldg., c		If in Baltimore City,	give exact location)
Σ	21D. TIME (Month) (Day) (Year,	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	FINJURY	700	WHILE AT NOT WHILE			
	22 11 1 415 41 47 4	m.	WORK AT WORK	2 7 70 51 4	2_16 105	1
	22. I hereby certify that I att	tended the	deccased from	red at 6:30a m., from t.	, 195	1, that I last saw the
	dcccased alive on 2-16	_, 19_51.		3B. ADDRESS	re causes and on t	23c. DATE SIGNED
		Ch	2.0	4940 Eastern Aver		2-28-51
	A. BURIAL CREMA- 248 DATE		24c. NAME OF CEMETE		OCATION (City, town	
	remation 2-27-51	4	B.C.H. Cremato			
	remation 2-27-51			25. FUNERAL DIRECTOR	Eastern Av	enue ADDRESS
	CAL REGISTRAR			0 0 0 0	1 6	
1	AK 3 - 19911			6		
	VS 150	of Desired				160a



250	
BALTIMORE CITY HE	EALTH DEPARTMENT 54 2014
51 2046 CERTIFICAT	E OF DEATH Registered No. 2046
BIRTH NO. 1. NAME OF DECEASED	I 2. DATE
(Type or Print) LISHA OUTIN	OF DEATH March 1. 1951
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY before admission
A. Baltimore City, Maryland B. FULL NAME OF Int in hospital or institution, give street address or	35
HOSPITAL OR location) INSTITUTION	
Johns Hopkins Hospital	Baltimore
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
ngth of stay in Baltimore Days 16 COLOR OF RACE 7. SINGLE, MARRIED.	413 E. Lanvale Street
WIDOWED, DIVORCED (Specify)	last birthday) Months: Days Hours Min.
male colored married	11. BIRTHPLACE (State or Pereign country) 12. CITIZEN OF
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	WHAT COUNTRY
13, FATHER'S NAMED	14. MOTHER'S MAIDEN NAME
This has Ditage	0 0 0
15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL	A7. INFORMANT _ ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Ala Las De to 11/18
	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	osclerotic cardiovascular
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	disease
ANTECEDENT CAUSES	
(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
Z1A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in plant home form fortons street office blids	in or 21c. WHERE DID (If in Baltimore City, give exact location)
218. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg.,	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE MORK AT WORK	
	above, held an Inquiry & Inspec. thereon and from
	Autopsy, Inspection or Inquiry
and death in my opinion resulted from: natural cause	Inquiry, find that said deceased died on the day stated above s IX, accident □, suicide □, homicide □, undetermined □.
23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER X 23c. DATE SIGNED
	ASSISTANT MEDICAL EXAMINER March 2,195
TION, REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (citate)
13-12-24 11/120/1/10/1/20/10/10/10/10/10/10/10/10/10/10/10/10/10	ous (m.) s / lim ou

DATE RECEIVED BY REGISTRAR'S SIGNATURE
LOCAL REGISTRAR

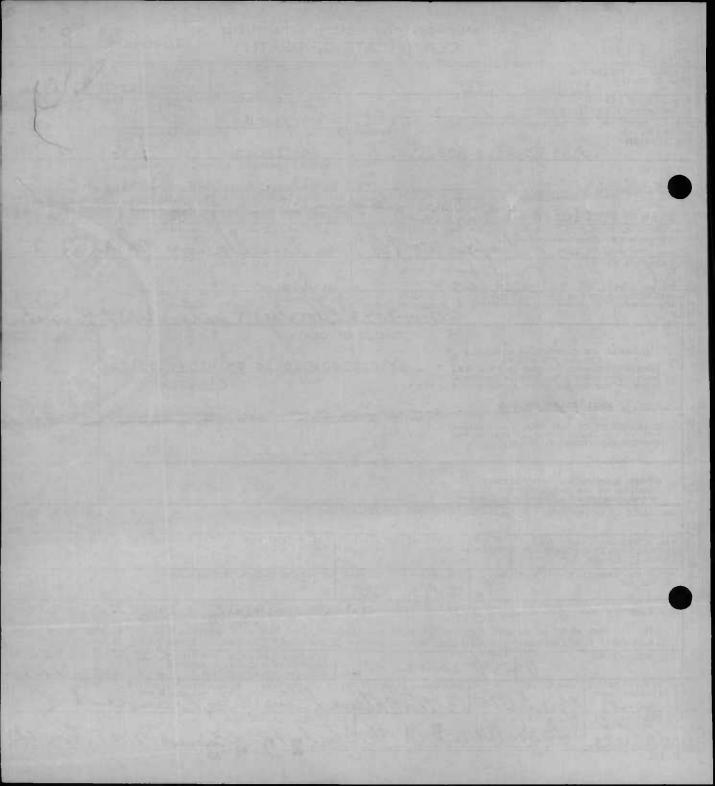
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MAR 3 - 1951

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ADDRESS

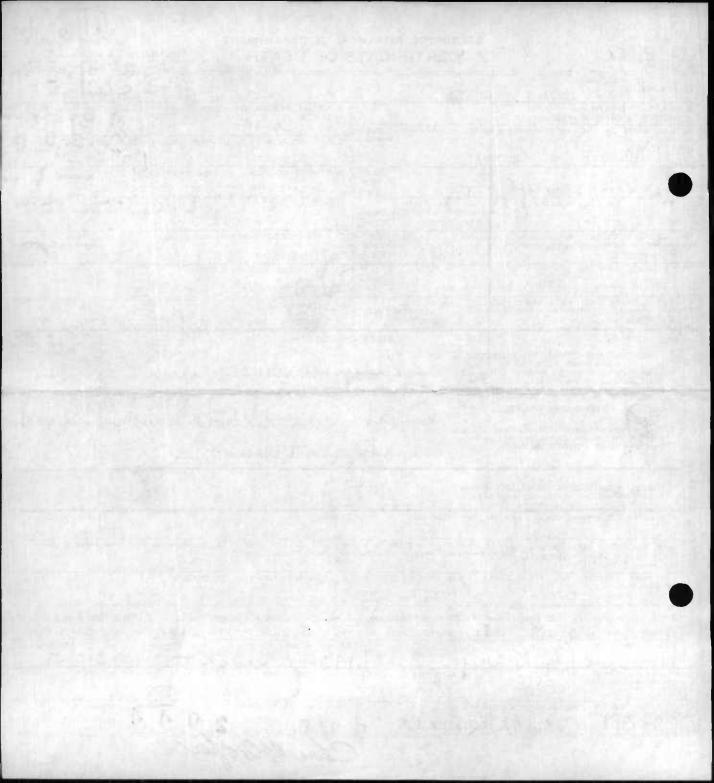


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2047

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF EDNA B. THROWER 9/97/57 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) BALTIMORE Yrs. D. STREET ADDRESS (If rural, give location Mos. ngth of stay in Baltimore 2548 MC CULTOH STREET HHI.I Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min DIVORDED 2/15/1906 IOA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF BALTO CITY INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY? TEACHER BALTIMORE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ALVIN GILLETTE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. ZERETA SKATES (D) 2217 SARATOGA INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAL YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 2 . 13 19 1, to 2. 27 _, 19 J., that I last saw the deceased alive on 2:27 . 19 1. and that death occurred at 5.00 m. from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) A.A. COUNTY? MT. CALVARY DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS IAR 3-1951

VS 150

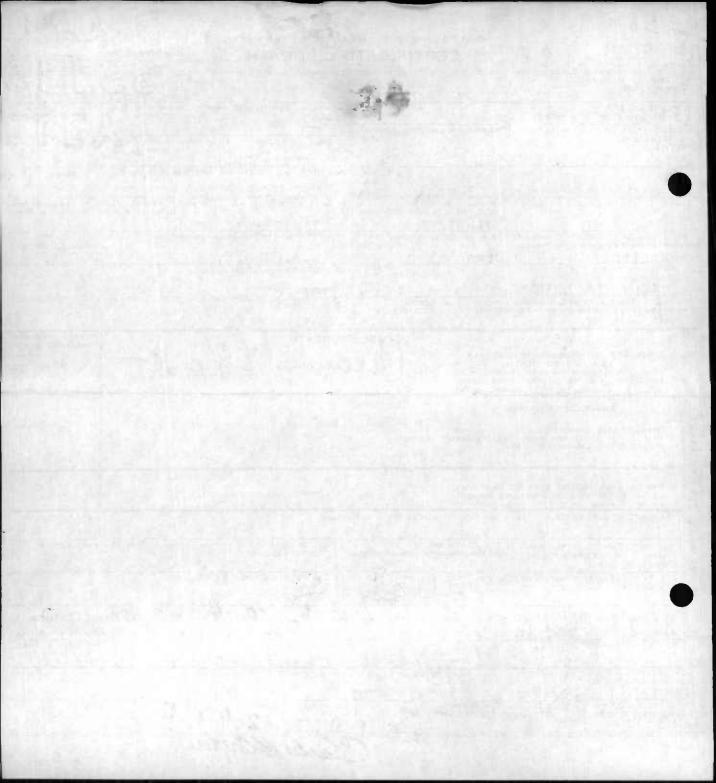


51. 2048 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

St. 2048 Registered No.

В	RTH NO.						
1. NAME OF DECEASED (Type or Print) ORA BURLEY WALKER						2. DATE OF DEATH FERE	RIIARV 28 105
	PLACE OF D Baltimore		DUTTION	WALLY OF	4. USUAL RESIDENCE ()		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION						f outside corporate l/m	its, write KUUAL and give
6	0	720 W. REI	WOOD S	T	BALTIMORE	4-	township
4				Yrs. Mos.	D. STREET ADDRESS (If		
5.	sex	tay in Baltimore	7. SINGLE.	Vrs Days	8. DATE OF BIRTH		If Under I Year If Under 24 Hours
	10		WIDOWE	D. DIVORCED (Specify)			onths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	MARR 108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
	Seamstr	of working life, even if retired)	Dress	maker	A A COUNTY	MD	WHAT COUNTRY
	FATHER'S		D2 000	chirdwalk)	14. MOTHER'S MAIDEN N	AME	1 0.0.11.
	TECUM				TDA JOHNSON		
15 (Ye	. WAS DECEAS a, no or unknown)	ED EVER IN U. S. ARMED (If you, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
_	NO	NO		NONE	ROSIE CHASE		
CERTIFICATION	(This does heart failus injury or DISEASE RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEATS is not mean the mode of the asthenia, etc. It mean complication which complication with the above cause (A) YING CONDITION LA II GIGNIFICANT CONDITIONOLE	f H f dying, e. g., ns the disease, aused death.) ES F ANY, GIVING STATING THE ST. TIONS CON-	(B)	cinma A b	reast	6 mats
CE		TO THE DEATH, BUT					
	19A. DATE C	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
MEDICAL	LYING OF	DENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)	(Hour) 2	CE OF INJURY (e.g., irm, factory, atreet, office bidg., office bidg., office bidg., office bidg., office bidg., office bidge, of	etc.) INJURY OCCUR? ED 21F. HOW DID INJUR	If in Baltimore City,	give exact location)
		y certify had I att live on Holy	ended the a	leceased from Le	pt 6, 1950to		that I last saw the
2. TI	AA. BURIAL.		2.		RY OR CREMATORY 24D. L	OCATION (City, town	n, or county) (State)
	ATE RECEIVE		SEIGNATUE	SAINTS RES	CHARLES G 2 CO	7 h 20 a 4 m	ADDRESS ARROLLTON AV
	VS 150		69	0 4G C	Lacks Hlory	be	50

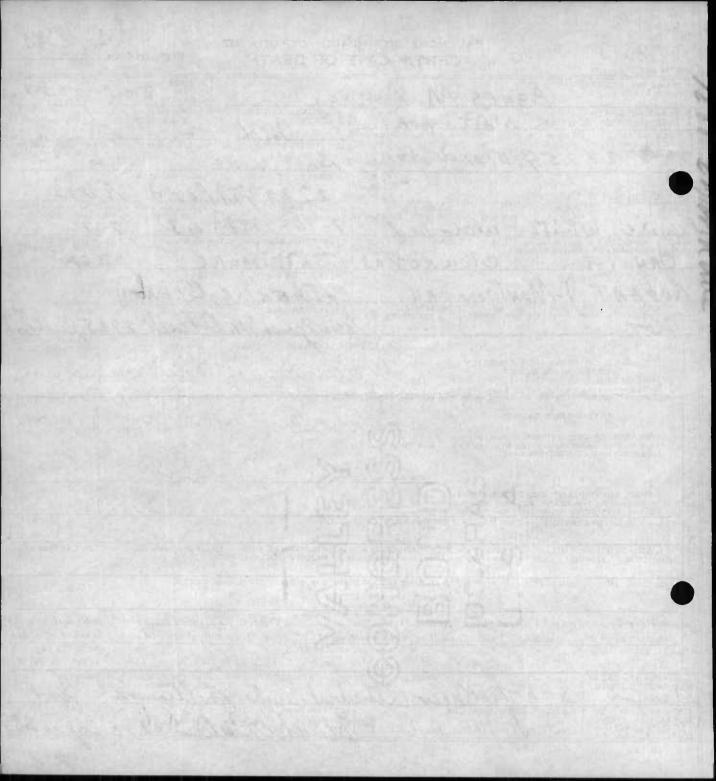


4	20
51.	2049

CERTIFICATE OF DEATH

51. 2049

	RIFICAL	E OF DEATH	Registered N	V
NAME OF DECEASED	1 19.00		2. DATE 3 -	1-1951
	14 0 6		Where deceased lived. If	
FULL NAME OF (If not in hospital or institution,	location)	Md		
STITUTION 2725Gilford	AVE	BATTIMOR	E	
	63 Yrs. Mos.	D. STREET ADDRESS (I	f rural, give location)	4 == 6
		8. DATE OF BIRTY	9. AGE (in years)	Under 1 Year Il Under 24 Hours
1		7-16-1887	63	ths Days Hours Min.
done turing most of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
FATHER'S NAME	KCNES	14. MOTHER'S MAIDEN	NAME	u.s.A
OFERT J. MONTGOME	RY	CATHERINE	CZZATY	
. WAS DECEASED EVERYN U. S. ARMED FORCES? 16, no. or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT	010-42	DDRESS Q
18. 157 × and 21 24	CAUSE	OF DEATH	VOLLOCAL E	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	0	~ (1	Paris =	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	(A)	ircinoma 9	Vanereas	6 moulle
injury or complication which caused death.)	.0 -	D- /		
	(B) //	elaslasio m	Lever	1 moule
RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO			
ONDERETHING CONDITION EAST.	X)	cabelas Ma	Cetus	2400
OTHER SIGNIFICANT CONDITIONS CON-	(C)			(f
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	**#************************************			
19a. DATE OF OPERATION 198. MAJOR FII	NDINGS OF OPER	RATION		20. AUTOPSY?
			(If in Baltimore City, g	
Sid. Time (Month) (Day) (Year) (Hour) 21s.	INJURY OCCURR	ED 21F. HOW DID INJUR	RY OCCUR?	
F INJURY WHILE				
22. I hereby certify that I attended the dee	eased from Ju	me / , 1950, to	mch/- , 195	, that I last saw th
			the eauses and on th	
23A. SIGNATURE & Gill Hall	med M.D.	168 18 Nout	ave	Mile 2 1901
A. BURIAL, CREMA-24B. DATE N. REMOVAL (Specify) 3-5-/95/1	NAME OF CEMETE	eral material	Baltinors	or county) (State)
TE RECEIVED BY REGISTRAR'S SIGNATURE		25 FUNERAL BUNECTOR	6/1/26	ADDRESS
AR 3-1951 Munitivator Millians	harden 5	Bland Word	Milin 9248	Euger 20.
VS 150	0578	W		469
	NAME OF DECEASED Pype or Print) PLACE OF DEATH: Baltimore City, Maryland PULL NAME OF (If not in hospital or institution, 1981 1981	PLACE OF DECEASED Type or Print) A GNES M. PLACE OF DEATH: Baltimore City, Maryland PULL NAME OF (If not in hospital or institution, give street address or location) STITUTION 2 7 25 9:1 or a Ave Length of stay in Baltimore SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) A. USUAL OCCUPATION (Givekindor dongduring most of working life, even if retired) PATHOR'S NAME OF ER 18. J. J. ARNED FORCES? LEAD OF LEASED EVER N. U. S. C. L.	NAME OF DECEASED PROFES AGNES MANAGE PLACE OF DEATH Baltimore City, Maryland SPILL NAME OF (If not in hospital or institution, give street address or Jocation Spirital or S	NAME OF DECRASED PROPERTY PRINTS BAILIMOTE CITY, MARYLAND BAILIMOTE CITY, MARYLAND SETURDAN OF (If act in hospital or incitation, give street address or location) SETITUTION 2 7 25 G/L/O7 2 476 C. CITY OR TOWN (If outside corporate limity SETITUTION 2 7 25 G/L/O7 2 476 C. CITY OR TOWN (If outside corporate limity SETITUTION 2 7 25 G/L/O7 2 476 C. CITY OR TOWN (If outside corporate limity SETITUTION 2 7 25 G/L/O7 2 476 C. CITY OR TOWN (If outside corporate limity SETITUTION 1 7 25 G/L/O7 2 476 C. CITY OR TOWN (If outside corporate limity SETITUTION 1 7 25 G/L/O7 2 476 C. CITY OR TOWN (If outside corporate limity SETITUTION 1 7 25 G/L/O7 2 476 C. CITY OR TOWN (If outside corporate limity SETITUTION 1 7 25 G/L/O7 2 476 C. CITY OR TOWN (If outside corporate limity SETITUTION 1 7 25 G/L/O7 2 476 C. CITY OR TOWN (If outside corporate limity SETITUTION 1 7 25 G/L/O7 2 476 C. CITY OR TOWN (If outside corporate limity SETITUTION 1 7 25 G/L/O7 2 476 C. CITY OR TOWN (If outside corporate limity SETITUTION 1 7 25 G/L/O7 2 476 C. CITY OR TOWN (If outside corporate limity SETITUTION 1 7 25 G/L/O7 2 476 C. CITY OR TOWN (If outside corporate limity SETITUTION 1 7 25 G/L/O7 2 476 C. CITY OR TOWN (If outside corporate limity SETITUTION 1 7 25 G/L/O7 2 476 C. CITY OR TOWN (If outside corporate limity SETITUTION 1 7 25 G/L/O7 2 476 C. CITY OR TOWN (If outside corporate limity SETITUTION 1 7 25 G/L/O7 2 476 C. CITY OR TOWN (If outside corporate limity SETITUTION 1 7 25 G/L/O7 2 476 C. CITY OR TOWN (If outside corporate limity SETITUTION 1 7 25 G/L/O7 2 476 C. CITY OR TOWN (If outside corporate limity SETITUTION 2 7 25 G/L/O7 2 476 C. CITY OR TOWN (If outside corporation) II. BIRTHPLACE (State or foreign country) SETITUTION 1 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

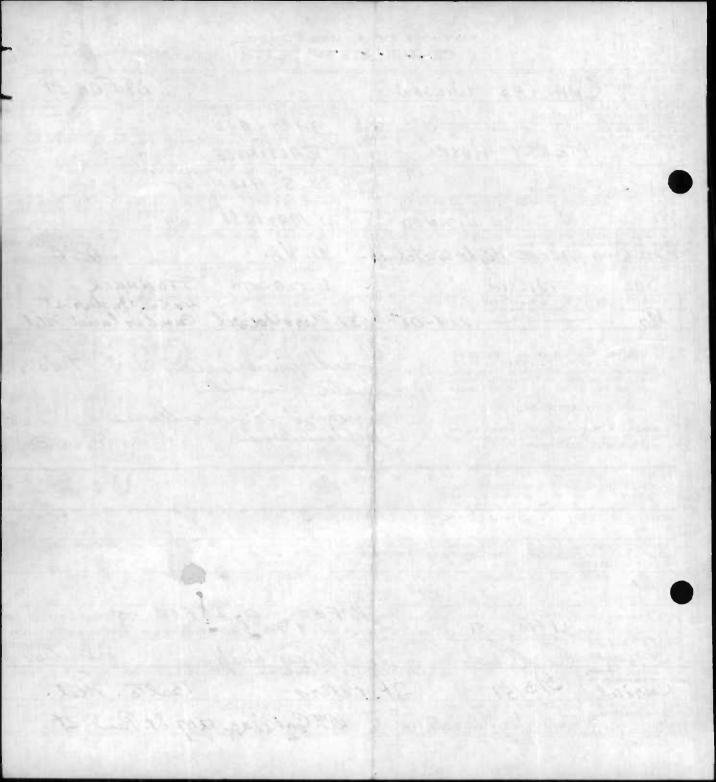


correct age is especially important. Inysicians, prease write the caus

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 2050

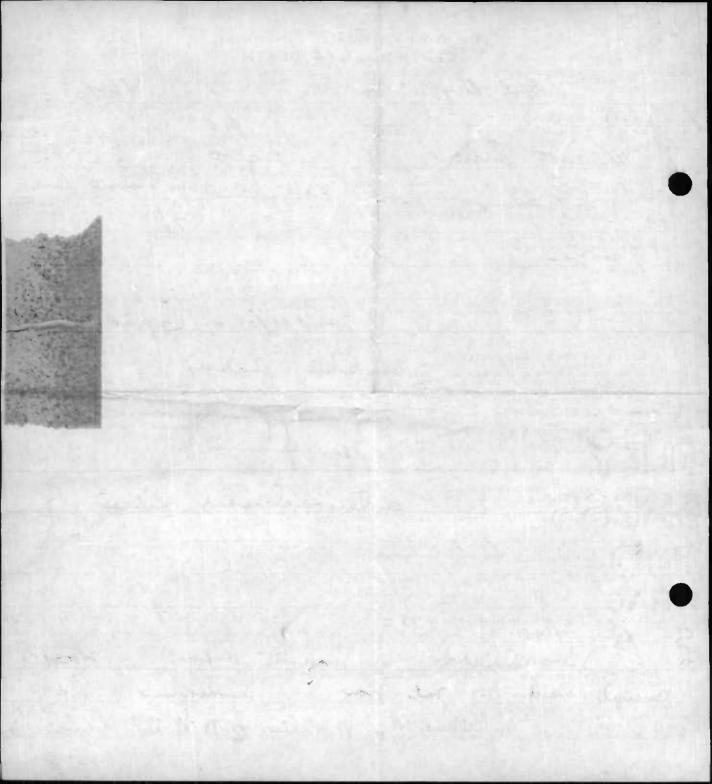
BIRT	H NO.			CR PIF	CATE	OF DEATH	Megistered .	
	AME OF DEC	HAKLE	s Wi	LSON			OF DEATH 28	FEB 51
А. В	altimore City	, Maryland	al an in-titusia			4. USUAL RESIDENCE (VA. STATE	Where deceased lived, I. B. COUNTY	f institution: residence before admission)
HOS	ILL NAME OF PITAL OR ITUTION	MERCY	4		location)		outside corporate limi	ts, write NURAL and give township)
0	ength of stay	in Baltimore		14	Yrs. Mos. Days	30 S. HIGH		
5. SE	X 6.	COLOR OR RACE		MARRIED, D, DIVORCEI	O (Specify)	8. DATE OF BIRTH 21 MAY 18 81	9. AGE (In years last birthday) M	onths Days Hours Min.
10A. work do	USUAL OCCU neduring most of wo	PATION (Give kind of rking life, even if retired) WOLLER	Nicht	111-4-1	S OR DUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRYS
13. F	ATHER'S NAM		1			14. MOTHER'S MAIDEN N.		(/
15. Y	VAS DECEASED E	WILS	FORCES?	16. SOCIAL		ELIZA BETH 17. INFORMANT	STONAN 4055. C	
(Yes, n	Month of the state	(If yes, give war or date	of service)	4-05	403	/ Many acceril		
18	8. 023	X		C	AUSE (OF DEATH		INTERVAL BETWEEN
	LE	OR CONDITION	TH		Bion	ichs kneuman	101	7 days
	heart failure,	t menn the mode o asthenia, etc. It mea nplication which c	ns the disease,	DUE TO	Luc	Tie messorte	(2)	
	AN	TECEDENT CAUS	ES		Co.	1:10 %.	1	
Z O	DISEASES O	R CONDITIONS, II	ANY, GIVING	(B)	Vine	rained arthus	sellion	
AT		ABOVE CAUSE (A) G CONDITION LA		(C)	49	MISSELLI SELE		
IFI -		-11						
ERT	TRIBUTING TO	THE DEATH, BUT	NOT RELATED					
U	9A. DATE OF	OPERATION 1	9B. MAJOR		F OPER	ATION		20. AUTOPSY?
CAL			L 215 BLAC	E OF INLINE	v (:-	al ale WHERE DID. (1)	S in Daleiner Cin	YES NO
MED	YING OR C		about home, far	E OF INJUR m, factory, street,			If in Baltimore City,	give exact location)
	ID. TIME (Mo	nth) (Day) (Year)	WH	ILE AT NORK	OCCURRENOT WHILE	ED 21F. HOW DID INJURY	OCCUR?	
2	2. I hereby c	ertify that I att				FEB 19 87, to 2	& FEB , 195	T, that I last saw the
	eceased alive		, 19 5 an	nd that dea		red atm., from t	he causes and on t	he date stated above.
	Yever	-6. A	ach		м. D.	Mesey Hosp		28 feb 5-1
TION	4	3/3/	24	C. NAME OF	1 0		OCATION (City, towr	n, or county) (State)
DATE	RECEIVED E		S SIGNATUR	E 0.3	. / 4	25. FUNERAL DIRECTOR	Jak 10	ADDRESS
MA	R 3 - 195	1 miticato	To William	WEIMA	13	We Got Sag.	1217 St. Pa	ul st
111,-1	VS 150	4		2/1	50			200
				763	2 0			201)



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 2051 Registered No.

В	IRTH NO.							
1.	NAME OF Daype or Print)	DECEASED Rober	& De	efleris		2. DATE OF DEATH	22/57	
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION - List of								
7	Dength of	stay in Reltimore		Yrs. Mos.	D. STREET ADDRESS (If rural, give location) 667 W. Fair mount ave			
5. SEX 6. COLOR OR RACE 7. SMGDE, MARRIED. WIDOWED, DIVORCED (Specify)						9. AGE (In years last birthday)	M Under I Year H Under 24 Hours Months Days Hours Min.	
10 wor	k done during most	CCUPATION (Give kind of of working life, even if retired)	108. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY			
13	3. FATHER'S	NAME			14. MOTHER'S MA	14. MOTHER'S MAIDEN NAME		
15 (Ye	5. WAS DECEAS	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Proseculat Lo A	a. soon by fue	ADDRESS washie to ful	
ERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH	
ICAL		DENT WAS UNDER-	218. PLA	FINDINGS OF OPE	in or 21c. WHERE D		y, give exact location)	
MED	LYING O	R CONTRIBUTING DEATH (Month) (Day) (Year)	(Hour)	Farm, factory, street, office bidg. 2 1E. INJURY OCCURF WHILE AT NOT WHILE WORK AT WORK	RED 21F, HOW DIE	INJURY OCCUR?		
	deceased a		ended the	and that death occu		, to 1218, 19, from the causes and on Unfital	the date stated above	
Z. TI	ON, REMOVAL	MEMA- 24B. DATE	3,1951	24c. NAME OF CEMETI	ERY OR CREMATORY	Landedowne	wn, or county) (State)	
	ATE RECEIVE OCAL REGIS VS 150		S SIGNATU	LULA MART	25. FUNERAL DIR	Kal Blidals	Schroder St	
	.0.00	196					00	

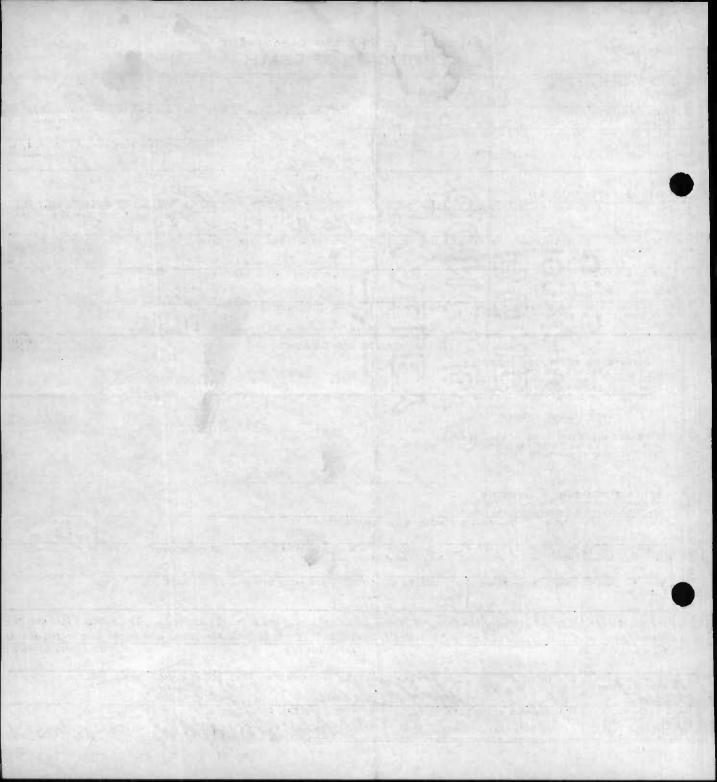


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BALTIMORE CITY HEALTH DEPARTMENT

51 2052 Registered No.

BIRTH NO.								
1. NAME OF DECEASED hand and ford days							2. DATE OF DEATH	1957
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR						A. USUAL RESIDENCE (WA. STATE GALLANDE C. CLIY OR IOWN (IF	BCOUNTY	institution; residence before admission) s, write RURAL and pive
IN	STITUTION	Jille Su	stern !	I had in	Yrs.	Baltoma		O Winship)
2	Length of s	tay in Baltimore		Slips	1914 Onlians	rural, give location)		
(.	SEX	6.COLOR OR RACE	7. SINGLE WIDOWE	MARRIED. D. DIVORCE	D (Specify)	May 2 1862	9. AGE (In years last hirthday) Mo	i Under 1 Year If Under 24 Hours onths Doys Hours Min.
	dooe during most	CUPATION (Give kind of of working life, even if retired)		OF BUSINES	S OR DUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S I					14. MOTHER'S MAIDEN NAME		
15 (Yes	WAS DECEASI	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURIT	_0	17. INFORMANT	of the Par	DURESS
	18. 477. 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) DUE TO						INTERVAL BETWEEN ONSET AND DEATH	
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					leno o Clen	osis	5 46
IFIC	(c) N					ns occardilion	7	5 yw
CERT	TRIBUTING	GIGNIFICANT COND TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED					
AL	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION						20. AUTOPSY7	
EDICA	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., io or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location)							
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK							
	22. I hereby certify that I attended the deceased from fan 10-, 1951, to Mich 2., 1967, that I last saw the deceased alive on Mich 1-, 1951, and that death occurred at 9 45 km., from the causes and on the date stated above							
	23A. SIGNA	TURE & Gill i	Hall m	(X)		38. ADDRESS 1631 E-Non	the are	23c. DATE SIGNED Mch 2 1951
7/	BURIAL, REMOVAL	PREMA 24B. DATE Specify)	51 2	4c. M.MEJOF	CEMETE	WINCE 240 L	OCATION (City, Jown	, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS MAR 3 = 1951 Author Milians Mar 2024 (School 1)								



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) LITCHELL DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A Baltimore City, Maryland A. STATE B. COUNTY before admission) I'f not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION A ural D. STREET ADDRESS (If rural give location) ength of stay in Baltimore Days 6. COLOR OR RACE ! 7. SINGLE, MARRIED 9. AGE (In years) It Under 1 Year I If Under 24 Homs iast birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) INGLE 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 108 KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME use 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. 8-7-2-13 no INTERVAL BETWEEN 18 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Syncope during anesthesia by (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, pentothal-cyclopropane injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CEI 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION CAL YES X Ruptured middle meniscustof left knee 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 218. PLACE OF INJURY (a.g., in or) (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? hospital <u>Franklin Square Hospital</u> 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? March 2,1951 12.15 p.m. WHILE AT NOT WHILE Cardiac arrhythmia due to anesthesia WORK autopsy 22. I certify that I took charge of the remains described above, held an _ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\), accident \(\), suicide \(\), homicide \(\), undetermined \(\). 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Mars, 195. DATE RECEIVED BY ADDRESS 25. FUNERAL DIRECTOR REGISTRAR'S, SIGNATURE MAR 3 - 195 VS

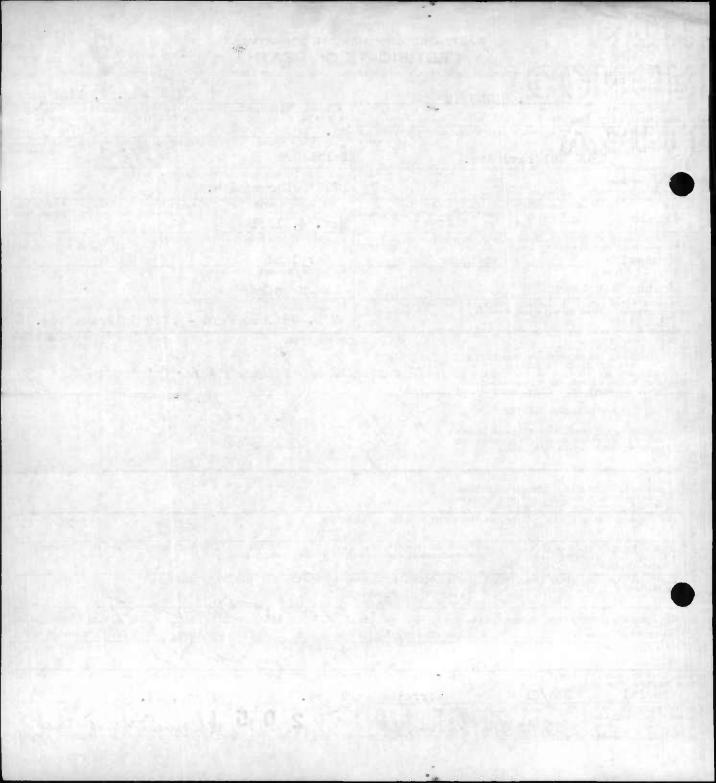
Que - It look as though in this case the greater vous not performed. Home, as the ares there is contratiting only - could you ascertain the condition for which the operation has to have been performed?

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DJ.	2054

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Re

	51.	2054
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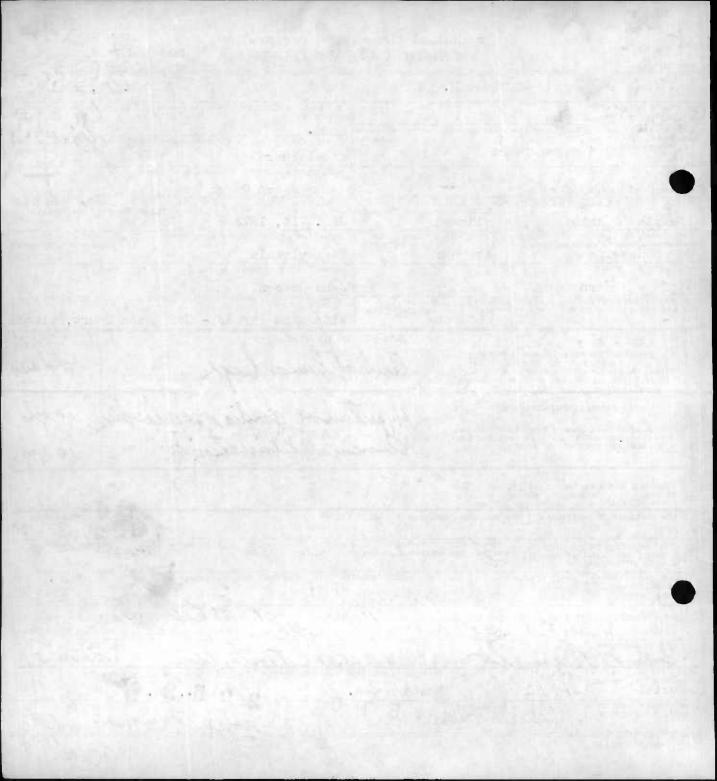
В.	IRTH NO.							
1. NAME OF DECEASED						2. DATE		
(Type or Print) ELLA M. BAUGHMAN					OF Mar. 2, 1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission			
H	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)	Md • c. CITY OR TOWN	(If outside cornorate tie	nits with RURAL and aim	
0	NOITUTION	1709 Sulgra	ve Ave.		c. CITY OR TOWN (If outside corporate limits, write RVRAL and giv. Baltimore			
	Pength of s	tay in Baltimore		Yrs. Mos. Days	o. STREET ADDRESS (If rural, give location) 1709 Sulgrave Ave.			
5. SEX female white WIDOWED DIVORCED (Specify) wid OWed					B. DATE OF BIRTH Nov. 4, 1861	9. AGE (In years last birthday) 89	H Under Year H Under 24 Hours Min.	
1C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (St	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY	
	Housewi	fe	At He		Maryland			
13	B. FATHER'S	NAME			14. MOTHER'S MAII	DEN NAME		
		Baughman			Mary Walke	r		
15 (Ye	5. WAS DECEAS m, no or unknnwn) NO	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Wallace Ford - 1709 Sulgrave Ave.			
ERTIFICATION	heart failu injury or DISEASE: RISE TO T UNDERL'	LEADING TO DEA' s not mean the mode of tre, asthenia, etc. It mes complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA BIGNIFICANT CONDITIONS TO THE OEATH, BUT	of dying, e. ins the diseascaused death SES FANY, GIVIN STATING TI	OUE TO (B) (B) (C)	rin Pelis Luxer }	inis 0	- Louy	
Ü		OF OPERATION		FINDINGS OF OPER	ATION		Lao Altropaya	
AL	ISA. DATE C	DF OFERATION I	SB. MAJOR	FINDINGS OF OPER	KATION		20. AUTOPSY?	
IEDICAL								
M	F INJURY Mental Month (Day) (Year) (Hour) Mulle at Mork AT Work The state of the							
	22. I hereby certify that I attended the deceased from Let 10, 191/10 Mar 1, 195/, that I last saw th							
W	deceased alive on							
1)	23A. SIGNA	1 1	0/19	2/2/	38. ADDRESS	leis SI	23C. DATE SIGNED	
2	4A. BURIAL, ON, REMOVAL (S		6	24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, tov	vn, or county) (State)	
	Burial	3/5/51		Lorraine Pa		Woodlawn, Md.		
D.	ATE RECEIVE	RAR	when the	7.5 Jul 0	25 FUNERAL DIRE	5 Jahren Y.	ADDRESS DATE	
#	AAR 3 - 19	351 January	E TO THE	LANCE MAN I LISTER	11/000.	· Juvium .	MA	
	A2 120		ON .				1	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2055

BIRTH NO.					
1. NAME OF DECEASED (Type or Print) GERTRUDE M. LUSK	2. DATE OF Feb. 28, 1951 DEATH				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission				
B. FULL NAME OF (If not in hospital or institution, give street address or					
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write R RAL and g				
INSTITUTION 289 Mason Court	Baltimore 5 township				
Yrs.	D. STREET ADDRESS (If rural, give location)				
Mos.	200 Manage Count				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	289 Mason Court				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years I Under 1 Year I Under 24 Hours I last birthday) Months: Days Hours: Min.				
female white widowed	Jan. 14, 1873 78				
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
work done during most of working life, even if retired) INDUSTRY	WHAT COUNTRY				
housewife at home	Pennsylvania				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
? Horn	Jane Deacon				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, oo or unknowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
(Yes, oo or unknowo) (If yes, give war or dates of service) SECURITY NO.	Miss Anna Warner - 289 Mason Court, Balto3				
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	tusve cardio vascular disen 10 yrs inlar fibrillation 10 yrs				
TO THE DISEASE DR CONDITION CAUSING IT.					
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER					
4	YES NO X				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?				
F INJURY WHILE AT NOT WHILE					
m. WORK AT WORK	and and				
22. I hereby certify that affended the deceased from.	- Janu 191, to 21 Feb , 1951, that I last saw th				
deceased alive on 28 feet, 195/, and that death ofce	rred at 6 2 m., from the causes and on the date stated above				
224 SIGNATURE 2	23B. ADDRESS 23c, DATE SIGNED				
Folia Of Damaso M.D.	531 ET Jorch Gre 21/251				
24a/ Burial, CREMA-24B. DATE 24C. NAME OF CEMETE 10M, REMOVAL (Specify) 3/51 Western Cem					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	26 FUNERAL DIBLETOR ADDRESS ADDRESS SALLO				
MAR v3 151951	mil				

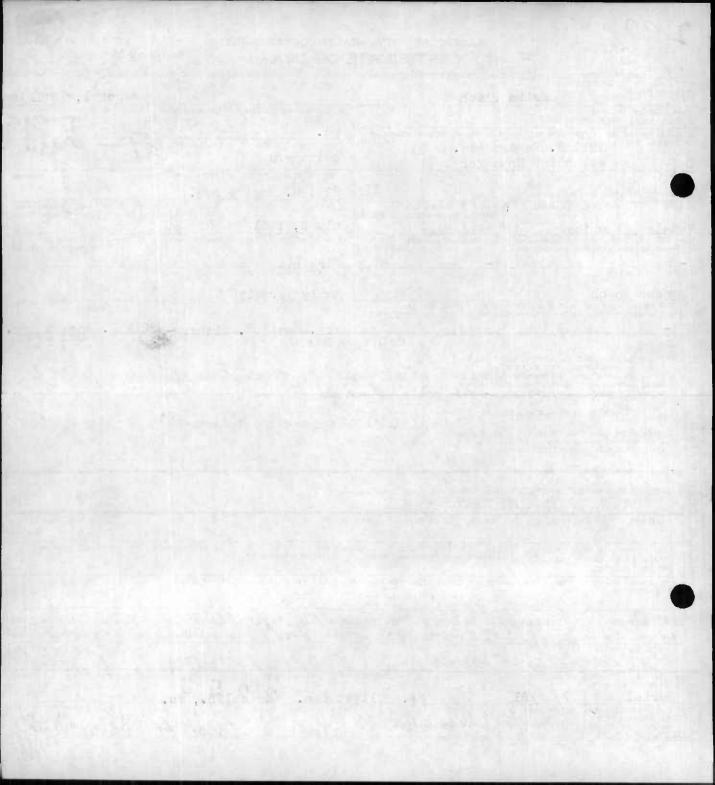


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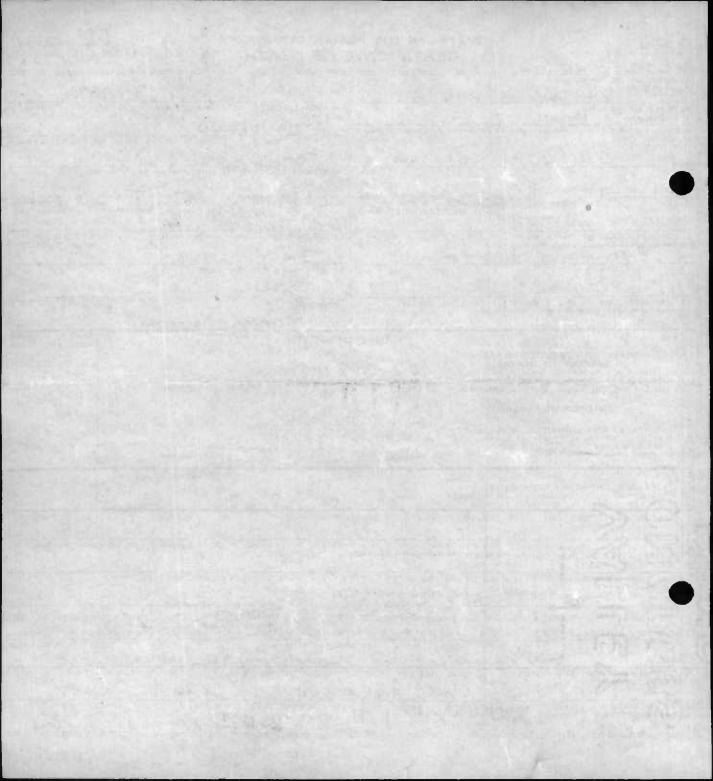
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2056

D1	KIN NO.					
	NAME OF DECEASED ype or Print)	artha Roach	1		2. DATE OF DEATH	arch 1, 1951
Α.	PLACE OF DEATH: Baltimore City, Marylan	nd		A. STATE	CE (Where deceased lived,	
HC	FULL NAME OF (If not in SPITAL OR STITUTION 2211 W. Methodi	Rogers Ave st Home for	location)		(If outside corporate li	nits, write RURAL and give township
-	9	SO HOME TOI	Yrs.	o, STREET ADDRESS	S (If rural, give location)	
	ength of stay in Baltim	nore	Mos. Days	2211 W. Roge		
5.	SEX 6.COLOR OR	RACE 7. SINGLE	. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year Il Under 24 Hours
fe	male white		ED, DIVORCED (Specify	July 2, 1861	last birthday)	Months Days Hours Min.
10	A. USUAL OCCUPATION (Giv	ekindof 108. KIND	OF BUSINESS OR	11. BIRTHPLACE (Sta		12. CITIZEN OF
work	done during most of working life, even i	fretired)	INDUSTRY			WHAT COUNTRY
13	FATHER'S NAME			Virginia 14. MOTHER'S MAID	EN NAME	
7	Israha Dasah					
15	Menche Roach	ARMED FORCES?	16, SOCIAL	Emily Meredi	th	
(Yes	, no or unknowo) (If yes, give wa	r or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
CERTIFICATION	DISEASE OR CONDILLEADING TO (This does not mean the heart failure, asthenia, etc. injury or complication water the second to the condition of	D DEATH mode of dying, e. g It means the diseas- which caused death CAUSES ONS, IF ANY, GIVIN SE (A) STATING TH ON LAST. CONDITIONS CON 1, BUT NOT RELATE	(A) OUE TO (B)	OF DEATH Lews 1	eni.	ONSET AND OEATH
اد	19A. DATE OF OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
O		1 210 014	CE OF INVIDE	· · · · · · · · · · · · · · · · · · ·	(It is Date)	YES NO
MEDICAL	21A. ACCIDENT WAS UNI LYING OR CONTRIBUT CAUSE OF DEATH	ING about home, f	CE OF INJURY (e. g., arm,factory,street,office bldg.,	in or 21c. WHERE DID etc.) INJURY OCCUR?		, give exact location)
7	FINJURY (Month) (Day)		21E. INJURY OCCURR		NJURY OCCUR?	
		m.	WORK AT WORK			
5	22. I hereby certify that	t I attended the	deceased from	J- /5 , 1957,	to MARCH 1, 19.	I, that I last saw the
	deceased alive on	, 19 <i>5</i>	and that death occu	rred at 7.35 m., fr	rom the causes and on	the date stated above
	23A. SIGNATURE	- Day	res M. O.	23B ADDRESS	Wet -	23c. DATE SIGNED
DA	CAL REGISTRAD	/51 TRAR'S SIGNATU	24c. NAME OF CEMETE		Balto Md	(ADDRESS ADDRESS
W	AR 3 - 1951	3		1 4/1/11.	Manuel 13	tous - wairy
	VS 150			(/		927 Mi



	EALTH DEPARTMENT Registered No.	1 2057
1. NAME OF DECEASED (Type or Print)	2. DATE OF 3 1	-51
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COUNTY	titution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)		vrite RURAL and give
UNIVERSITY HOSPITACS Yrs.	D. STREET ADDRESS (If rural, give location)	
ength of stay in Baltimore Mos. Days		5200
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years last hirthday) / 17 - 44	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [INDUSTRY]		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
UERNON	green	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Tranily-SAME	RESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER 21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e. g., 1 ying 1 op. content the content to	RATION	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., about home, farm, fa tory, street, office bldg.,		exact location)
F INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK AT WORK		
22. I hereby certify that I attended the deceased from 9 - deceased alive on 3-1-, 1951, and that death occu	19 - , 1950, to 3-1- , 1951, t rred at 10:35 Am., from the eauses and on the	that I last saw the date stated above.
24A. BURIAL CREMA: 24B. DATE 24C. NAME OF CEMETE		
DATE RECEIVED BY REGISTRAR'S SIGNATURE		Hart Cers
VS 150		740-

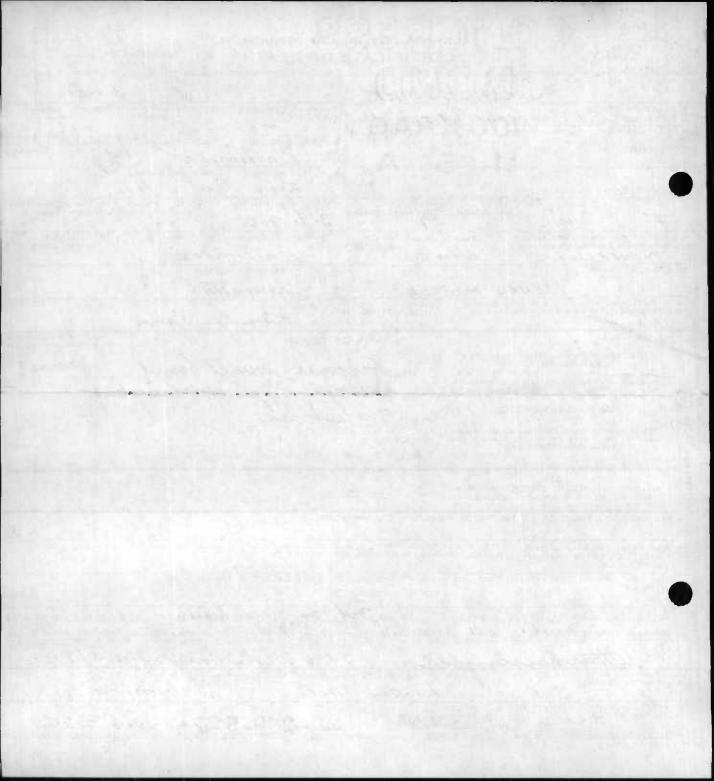


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51	2058

BALTIMORE CITY HEALTH DEPARTMENT

51. 2058

Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) JARAL E. MICK DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland 2006 GRIFFIS A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RVRAL and give C. CITY OR TOWN INSTITUTION township) PAILIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. GRI ength of stay in Baltimore 2006 trs Days 5. SEX 6. COLOR OR RACE | 8. DATE OF 7. SINGLE, MARRIED BIRTH AGE (In years M Under | Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of warking life, even if retired) INDUSTRY WHAT COUNTRY? NOUSEWOKK BILLMORE 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMAN ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. No INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 8 mas 9 (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES NOL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... RTIFIC 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш Ü TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-EDI about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE 1950 to March 1, 1951, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on Warch ! 1951, and that death occurred at 2 m., from the causes and on the date stated above. 234 SIGNATURE 23B. ADDRESS 23c. DATE SIGNED Litter 2436 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATOR TION, REMOVAL (Specify JAIlIMORE LOUDON BILL DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 150



326 1 2059

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.1 2059

BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A STATE B. COUNTY B. FULL NAME OF (If not in pospital or institution, give street address or (If outside corporate limits, write RURAL and give township) HOSPITAL OR location) INSTITUTION Yrs. (If rural, give location) Mos. ength of stay in Baltimore Davs 6. COLOR OR RACE AGE (in years | | Under | Year | If Under 24 Hours last birthoay) | Months: Days | Hours | Min. 7. SINGLE, MARRIED 8. DATE OF WIDOWED, DIVORCED (Specify) 104 DSUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTWPLACE (State or foreign country) 12. CITIZEN OF ork done doring most of working life, ever (fretired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN 18. 337 CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAL YES 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-ED LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE 195/. and that death occurred at 12 am to 22. I hereby certify that I attended the deceased from 195_that I last saw the deceased alive on. a., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24AN BURIAL, CREMA-24C. NAME OF CEMETER TION REMOVAL (Specify ADDRESS RECEIVED BY 5. RUNERAL DIRECTOR REGISTRAR'S SIGNATURE VS 150

805 CH 1 309 Experied Marchers all and and and ACQUE. and all house so

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

ВІ	RTH NO. 1			OLIVIII IC	-/\ I \	. OI DI	-7111				
	NAME OF D ype or Print)	ECEASED	A C	JOR.	IIC	714		2. DATE OF DEATH	3-	2-	51
3. A.	PLACE OF D Baltimore (City, Maryland		0		4. USUAL F	RESIDENCE	Where dcceased B. COU	lived. If in		: residence ore admission)
H	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit	tal or instituti	on, give street add	ress or	c, CITYOR	TOWN (II	f outside corpor	ate limb	writer	RAL and give township)
0	2 /	846 Mar	fore	e poar	Yrs.	D. STREET	etuni	rural, give loca	tion	//	(Cwilanip)
6	ength of s	tay in Baltimore		44	Mos. Days	2846	Mar	Lord	1	Da	d
1	nale	6. COLOR OF RACE	WIDOW	MARRIED, ED, DIVORCED (S	Specify)	8. DATE OF	BIRTH	9. AGE In a last birth	lay) Mont	nder I Year ths Days	Hours Min.
work	A. USUAL OC done during most of	CUPATION (Give kind of or working life, even if retired)	108. KIND	OF BUSINESS (OR	11. BIRTUPL	ACE (State or f	oreign country)	1	2. CITIZ WHAT	EN OF T COUNTRY?
13	. FATHER'S	IAME /				14. MOTHER	'S MAIDEN N	AME			
15	WAS DECEASE	ED EVER IN U. S. ARME	n FORCES?	16. SOCIAL		nor 1	luver				
	, no or naknown)		es of service)	SECURITY	NO.	Leaa	e For	dow-	ADI	DRESS	ue
CERTIFICATION	(This does heart failt injury or DISEASE RISE TO 1 UNDERL'	SE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It mer complication which ANTECEDENT CAU S OR CONDITIONS, THE ABDVE CAUSE (A) YING CONDITION L SIGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	TH of disease caused death. SES IF ANY, GIVIN STATING TH AST. PITIONS CON NOT RELATE N CAUSING I	(B) DUE TO (B) DUE TO (C)	terio. Vas	ulorotic cular	Hypenton Diseas		dio -		AND DEATH
AL	19A. DATE C	F OPERATION	198. MAJOR	FINDINGS OF	OPERA	ATION				YES	NO NO
MEDICA	21A. ACCIDE HOMICIDE	ENT. SUICIDE, (Specify)	21B. PLA about home, fo	CE OF INJURY	(e. g., in ce bldg.,et	or 21c. WH	ERE DID (OCCUR?	If in Baltimor	e City, giv	ve cxact	location)
	21D. TIME F INJURY	(Month) (Day) (Year			WHILE WORK	D 21F. HO	AULUI DID W	Y OCCUR?			
	22. I hereb	y certify that I at		deceased from.		7.7	1917, to /	March	_, 195/,	that I	last saw the
	deceased a	live on May		and that death		red at 7	7.4	the causes ar	nd on the		tated above.
		Loy M		M.	D. 0	LP57,	Harford	BL		Man	3 1951
TI		CREMA 24B. DATE	17 6	Chiauk	S 6	MU	ya /	rogation (Ci	ty, town, o	r county)	Pas (State)
DLA	ATE RECEIVE DCAL REGIST AP 2 = 10	D BY REGISTRAN	1 10 1 1	RE MAS	1/	AG. FUNERA	L DIRECTOR	ALT:	7100	ADDRES	toul
	VS 150		1'		11		6			0	

Rey William Red Bridge ST. S. T. BENET THE BRE 57. 46

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2061

U.	RTH NO.	CE	RTIFICAT	E OF DEATI	- Regi	stered No	
1.		RTHA	1 65	MLFR	2, DATE OF	3-7	751
3.	PLACE OF DEATH: Baltimore City, Maryland	. 10 1717	nr.	4. USUAL RESIDE	NCE (Where deceased B. COL	d lived. If insti	itution: residence before admission
В.	FULL NAME OF (If not in he OSPITAL OR	spital or institution, s	give street address or	c, CITY OR TOWN	(If outside corpo	1 10	nte RUIAL and give lownship
6	00200	acean !	Yrs.	D. STREET ADDRE	ES (If rural, give look)		(112)
5	ength of stay in Baltimor	CE 7. SINGLE, MA	Days	8. DATE OF BIRTH	0-0-00		I Year II Under 24 Hours Days Hours Min.
_	MALE White	wee	BUSINESS OR	11. BIRTHPLACE IS	State or foreign country		CITIZEN OF
wor)	done during most of working life, even if ret	ired)	INDUSTRY	Rus	ue		WHAT COUNTRY
13	Hathelin			WOL KU	DOWN		
15 (Ye	MAS DECEASED EVER IN U. S. Al s, no or unknown) (If yes, give war or	MED FORCES? 16	SECURITY NO.	17 NFORMANT	Weisker	P - B	Laure
RTIFICATION	DISEASE OR CONDITI- LEADING TO I (This does not mean the meant failure, asthemia, etc. It injury or complication white the state of the	obe of dying, e. g., means the disease, ch caused death.) AUSES IS, IF ANY, GIVING (A) STATING THE N LAST.	(B) Ch En	frene s Lartentes Dishets	ylant foot	ex leg	
CE	TRIBUTING TO THE DEATH, TO THE DISEASE DR CONDI 19A. DATE OF OPERATION	TIDN CAUSING IT.	NDINGS OF OPER	RATION			20, AUTOPSY?
CAL	21A. ACCIDENT. SUICIDE,		OF INJURY (e.g.,		OID (If in Baltimo	ore City, give	YES NO Exact location)
MEDI	HOMICIDE (Specify)	about bome, farm,	actory, street, office bldg.,	etc.) INJURY OCCU	R?		
	FINJURY (Month) (Day) (Month)	rear) (Hour) 21E. whili wor			INJURY OCCUR?		
	22. I hereby certify that I deceased alive on 3	attended the dec	eased from **/ that death occur	15 rred at 0 = fm.	, to 3 (), from the causes of	and on the d	
	200. SIGNATURE	tein	м. р.	238. ADDRESS B	iddle s	1	3 3 5
TI	4A. BURIAL, CREMA- ON, REMOVAL (Specify) Burial 3/4		Rosedale	Cem.	O A S	Otty, town, or o	(State)
D		RAR'S SIGNATURE	aika 9 5	25. FUNERAL DIR	ЕСТ о я		DDRESS

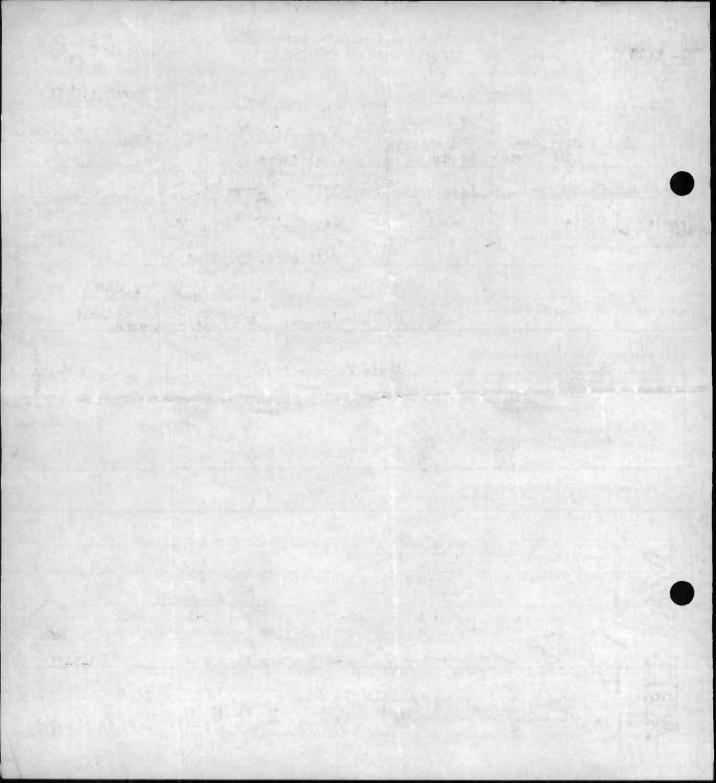
Colling Colling

2062 MD_ 142870 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No. 1 20

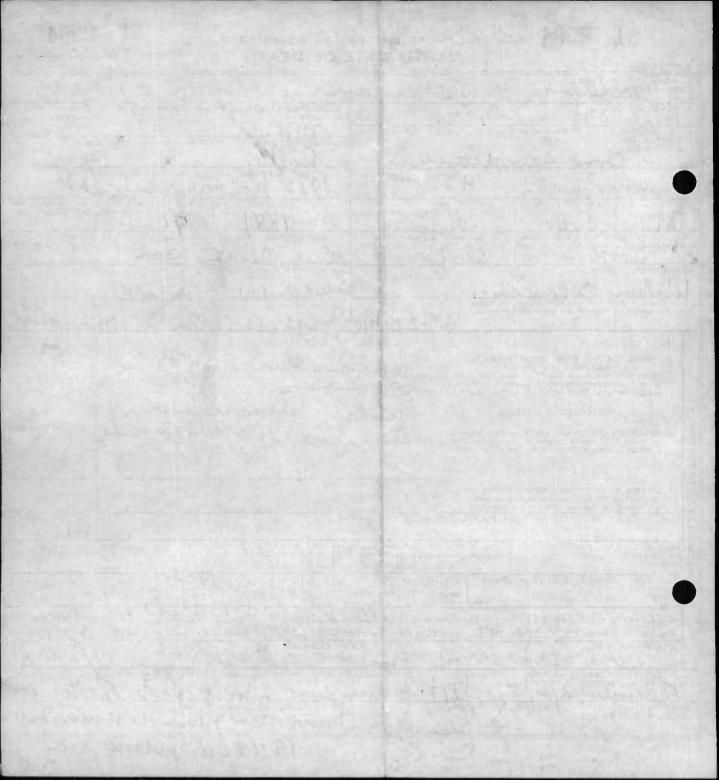
BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No)
I. NAME OF DECEASED			2. DATE	
(Type or Print)	Mary M. Hess		05	1,1951
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Whe		stitution : residence
	oital or institution, give street address or	31	B. COUNTY	before admission)
LICCOLTAI OD	re City Hospitals location)		tside corporate lings.	write RURAL and give
	stern Avenue	Baltimore	10	township)
	Yrs. Mos.	D. STREET ADDRESS (If run	ral, give location)	
ength of stay in Baltimore	Life Days	1915 N. Monroe St	t. (14)	Personal Parks
5. SEX 6. COLOR OR RAC	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	D ACCULATION HILL	nder I Year If Under 24 Hours ths: Days Hours: Min.
Female White	Widowed	Jan.22,1881	70	Jays Hours Min
IOA. USUAL OCCUPATION (Give kind work dooe durlog most of worklog life, even if retire	of 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country) 1	2. CITIZEN OF WHAT COUNTRY
The state of the s	INDUSTRY	Baltimore, Maryla	and	WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	IE .	
3 3		7 7		
15. WAS DECEASED EVER IN U. S. ARM (Yes, oo or unknown) (If yes, give wer or de	ED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANTBaltimon	COL TI AD	DRESS
	21622-3552	Records: 4940 East	re City nosp; stern Avenue	itals
18. 6070		OF DEATH	Na Callona Callona	INTERVAL BETWEEN
DISEASE OR CONDITION				ONSET AND DEATH
(This does not mean the mode	of dying, e.g., (A)ACULE	Pancreatitis		3 Weeks
heart failure, asthenia, etc. It me injury or complication which	eans the disease.			
ANTECEDENT CAL				
	(B)			
DISEASES OR CONDITIONS,	IF ANY, GIVING		***************************************	
UNDERLYING CONDITION	LAST. (C)			TOWN BOOM
	(0)		***************************************	****
DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION OTHER SIGNIFICANT CONI TRIBUTING TO THE OEATH, BU TO THE DISEASE OR CONDITION	DITIONS			
TRIBUTING TO THE OEATH, BU	T NOT RELATED			4 30 00
TO THE DISEASE OR CONDITION	198. MAJOR FINDINGS OF OPER	RATION		2C. AUTOPSY?
7	TOO. IMAGEN THE HITCH OF CLOSE			YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	218. PLACE OF INJURY (e. g., i	o or 21c. WHERE DID (If	in Baltimore City, giv	
LYING OR CONTRIBUTING	about home, farm, fectory, street, office bldg.	etc.) INJURY OCCUR?		
ZID. TIME (Month) (Day) (Yea	r) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
FINJURY	WHILE AT NOT WHILE			
22 7 1 1:6 47 47	m. WORK AT WORK	0 26 1050 : 3	1057	.7 . 7 2
deceased alive on 3-1	ttended the deceased from 1.			
23A. SIGNATURE		23B. ADDRESS	causes and on the	23c. DATE SIGNED
5.5.	Clogers_ M.D.	4940 Eastern Avenue		3_1_51
244 BURIAL CREMA- 248 DATE	, 24C. NAME OF CEMETE		ATION (City, town, o	r county) (State)
BURIAL (Specify)	151 Cathedi	ral Ba	ITIMORE	
	R'S ALGN TOURE	25. FUNERAL DIRECTOR		ADDRESS
MAR 3 1 1 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CASA I MANAGEMENT	M. Faher & Sons	40/SUFFE	KK Rd.
VS 150	11 2 8 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			



51 2063 BALTIMORE CITY HEALTH DEPARTMENT Register 10 2063

BII	RTH NO.			CERTIFICA	IE	OF DEATH	Registered	TN 0
	NAME OF Dype or Print)	ECEASED	CLAUDE		LAFO	DRCE	2. DATE OF March	1 3, 1951
Α.		City, Maryland	-1			. USUAL RESIDENCE (W. STATE Maryland		
HC	SPITAL OR STITUTION	of f not in hospit South Baltir		locati	ion)		outside corporate limi	its, write RURAL and give
P	ngth of s	stay in Baltimore		2 M	os.	street address (If 125 Birkhea		
3.	Male	6.COLOR OR RACE White	SIN	. MARRIED. ED. DIVORCED (Spe 9 L P		. DATE OF BIRTH	9. AGE (In years last birthday) M	If Bager 1 Year onths Days Hours Min.
work	FARM I		FAYN	A AAA	TRY 1	1. BIRTHPLACE (State or for the CAPBO VA. MOTHER'S MAIDEN NA		WHAT COUNTRY
	. FATHER'S	UNK.	NOWN		1	~	4 Force	
15 (Yes	. WAS DECEAS , no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date W W Z	of service)	16. SOCIAL SECURITY NO	J.	BANON FUNEYA		BANON VA
ERTIFICATION	OTHER S	SE OR CONDITION LEADING TO DEA' s not mean the mode of the astenia, etc. It mes complication which of the astenia and the complication which of the above cause (A) YING CONDITION LAST CONDITION CONDITION CONDITION TO THE OFATH, BUT THE ASE OR CONDITION	ITH of dying, e. g ns the disease aused death. EES F ANY, GIVIN. STATING TH ST. TIONS CON NOT RELATE:	(B)	ıctu	ce of skull		INTERVAL BELWEEN ONSET AND DEATH
O				FINDINGS OF OF	PERAT	ION		20. AUTOPSY?
	underlyin uning control 210. Time of injury och 3. 22. I certi, the evi and de 23a. Signa.	idence obtained by ath in my opinion TURE	said Autogresulted fr	remains describe osy, Inspection o om: natural cau	RRED ILE RRK	Auto into tel ve, held an Inspect Autopsy, I uiry, find that said de , accident X suicide 238. CHIEF MEDICAL E ASSISTANT MEDICAL E MEDICAL INVESTIGATO	ephone pole ion & Inq. inspection or Inquiry ceased died on the inspection of the control of the	thereon and from the day stated above, undetermined
Tio	A. BURIAL, (S N. REMOVAL (S	pecify) 3 - 3-	1-1 (4C. NAME OF CEME	TERY	OR CREMATORY 240. LO	CATION (City, town	, or county) (State)
DA	TE RECEIVE		tor Mil	lime, M.	100	hu O. Mitch	ell Amo 1	ADDRESS Pl
M	N 151 N	-803,2		820	10			1700

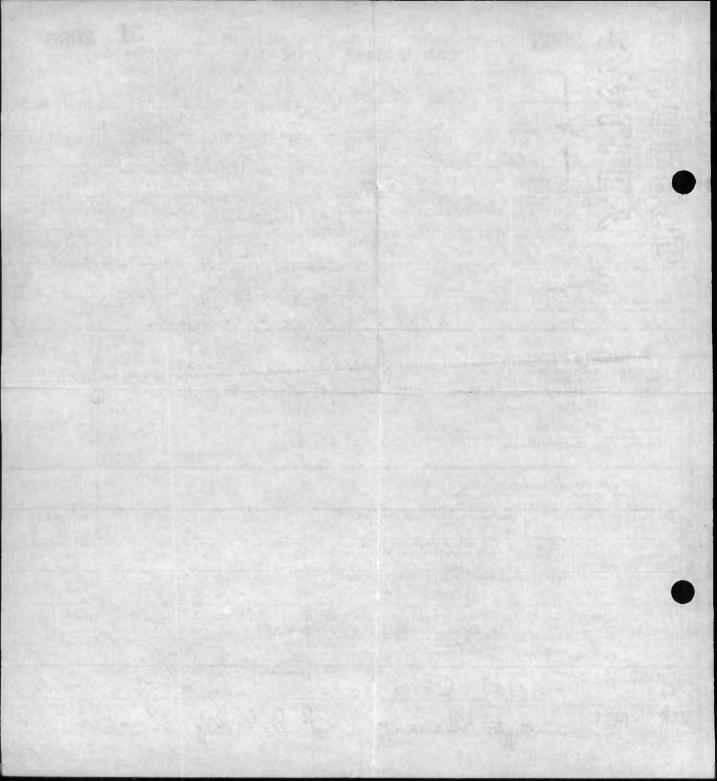
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51 2065 BALTIMORE CITY HEALTH DEPARTMENT

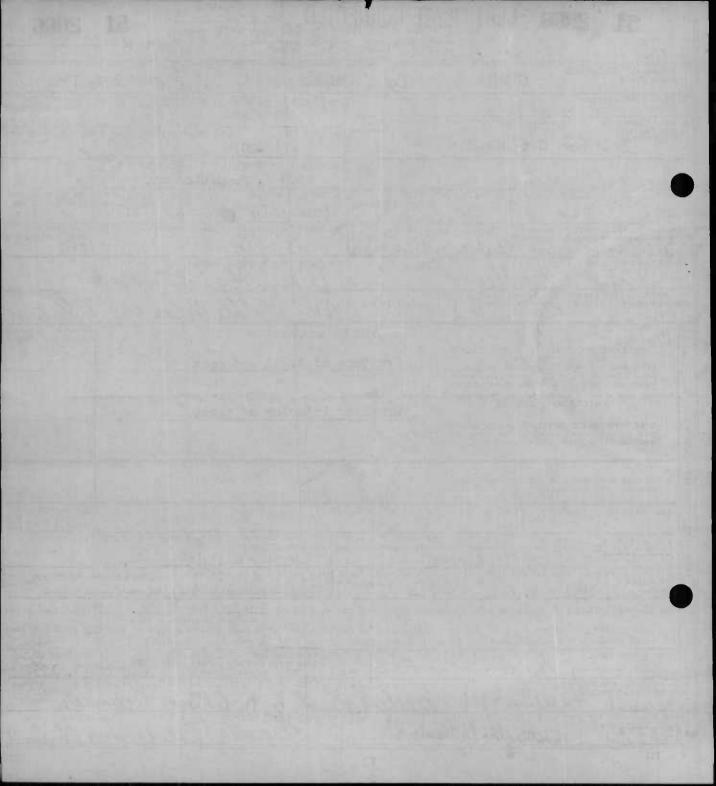
51. 2065 Registered No.

BIRTH NO.		C	ERIFICAL	E OF DEAT	М	iteg.stere.	4 110
1. NAME OF D (Type or Print)	ECEASED	MARS	BAR	MES	2	OF OEATH	3-1-51
3. PLACE OF D	EATH: City, Maryland			4. USUAL RESID	ENCE (Where	deceased lived B. COUNTY	. If institution: residence before admission)
B. FULL NAME HOSPITAL OR	OF (If not in hospit	al or institution	, give street address o		A III outs	CARR.	mits, write RURAL and give
INSTITUTION	UNIVE	PSITY	#	C. C. II OK TOW	rike	18	township)
Cength of s	tay in Baltimore		7 Mas.	D. STREET AD	ESS (If rura	l, give location)	
5. SEX	6. COLOR OR RACE	7. SINGLE WIDOWS		5-13-18	95 9.	AGE (in years last birthday)	Months Days Hours Min.
10A. USUAL OC work done during most of	CUPATION (Give kind of f working life, even if retired)	10B. KIND C	F BUSINESS OR INDUSTR	11. BIRTHPLACE	State or foreig	n country)	12. CITIZEN OF WHAT SUNTRY?
13. FATHER'S N	Jonin 6	Form	ch	14. MOTHER'S M	AIDEN NAME	61.7	
15. WAS DECEASE (Yes, no or unknown)	D EVER IN U. S. ARMED (If yes, give war or date)	FORCES?	6. SOCIAL SECURITY NO.	17. INFORMANT	las Ces	and .	ADDRESS
heart failu injury or DISEASES RISE TO T UNDERLY UNDERLY OTHER S	LEADING TO DEAT not mean the mode of re, asthenia, etc. It mean complication which complication which complication which complication which complication with the above cause (A) in a complication complication complication complication complication that the death, but to the death, but	f dying, e. g., ns the disease, aused death.) ES FANY, GIVING STATING THE ST.	(A)	A J bus	care	r~a	
U TO THE DI	SEASE OR CONDITION	CAUSING IT.	INDINGS OF ORE	DATION		Stores.	20, AUTOPSY?
A ISV. DATE O	F OPERATION 1	SB. MAJOR F	INDINGS OF OPE	RATION			YES NO
21A. ACCID	ENT WAS UNDER- R CONTRIBUTING DEATH		E OF INJURY (e. g., n, factory, street, office bldg			Baltimore Cit	y, give exact location)
21D. TIME (Month) (Day) (Year)	WH	E. INJURY OCCUR!		O YAULNI O	CCUR?	
22 I hamah	y eertify that I att		ORK AT WORK		57/to_ 3	2- / 10	5, that I last saw the
dcceased al	ive on 3-1	, 19 5 an	ed that death ocer	rred at HN 57m			n the date stated above.
23A. SIGNAT	oh av.	Au	m. D.	23B. ADDRESS	into.	Hop.	3-1-5
24A. BURIAL, C	REMA- 24B. DATE pecify)	751 (ERY ON CREMATORY	240. LOCA	TION (City, to	wn, or county) (State)
DATE RECEIVED		S SIGNATUR	Laure M.R.	25. FUNERAL DIE	RECTOR	, Wi	ADDRESS refield. Med.
VS 150	, ,				7		50



1	51	2066	ERTIFL	CATE CORKE	CILD	51	2066
1	60			CERTIFICAT	E OF DEATH	Registered No.	
	RTH NO.	254.050				10.74	
	NAME OF DEC		GAR	Lee	MILLER	OF March	2, 1951
Α.	PLACE OF DEA Baltimore Cit	ty, Maryland			4. USUAL RESIDENCE (VA. STATE Maryland	Where deceased lived. If ins B. COUNTY	stitution : residence before admission)
HO	SPITAL OR			on, give street address or location)		f outside corporate limits,	write RURAL and give
	Bal	timore City	Hospital	L	Baltimore	21-0	township)
	12 . 6	i D-141		Yrs. Mos.	309 S. Popp		
		y in Baltimore	7 SINGLE	Days Days	8. DATE OF BIRTH	9. AGE (In years) Will	der I Year If Under 24 Hours
	Male	White		ED DIVORCED (Specify:			hs Days Hours Min.
	doneduring most of v	UPATION (Give kind of vorking life, even if retired)		OF BUSINESS OR INDUSTRY		oreign country) 12	WHAT COUNTRY?
13	FATHER'S NA	777000	more	ser Busch In	14. MOTHER'S MAIDEN N	AME	45
	Yohn	ra. mi	ller	BUENES 3	(1) . 0/	ckett	
15 (Ya	. WAS DECEASED b. no or nnknown)	(If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	mis Mattie	Resau 532	E. Hor toller
	18. =	816.1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	1	OR CONDITION	TH	Finactur	no of alarl and m		
	heart failure	not mean the mode of a sthenia, etc. It mes omplication which of	ns the disease	2,	re of skull and n	eck	
	A	NTECEDENT CAUS	SES	Camanhia	on iniumian of al		
Z		OR CONDITIONS, 1		G	ng injuries of cho	est	
MOIT		E ABOVE CAUSE (A) NG CONDITION LA		(C)			
Š				(0)			
RTIFICA		NIFICANT CONDI					
Ш		O THE DEATH, BUT EASE OR CONDITION					
L	19A. DATE OF	OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
DICAL	21A. EXTERNA UNDERLYING	L CAUSE WAS	21B. PLA about bome, fa	CE OF INJURY (e. g., i	n or 21c. WHERE DID () etc.) INJURY OCCUR?	If in Baltimore City, give	e exact location)
ME		USE OF DEATH.	Stre		Miller & H	ighland Ave.	
2	OF INJURY	onth) (Day) (Year)	D	HILE AT WORK AT WORK	THE RESERVE OF THE RESERVE OF THE PARTY OF T	y occur? Decease o collision/fre	
					ibove, held an Inspect		
	the evide	ence obtained by	said Auto	psy, Inspection or I	Autopsy, Inquiry, find that said d s , accident , suicide	Inspection or Inquiry eceased died on the	day stated above,
	23A. SIGNATU		S)	2	23B. CHIEF MEDICAL ASSISTANT MEDICAL	EXAMINER 23c.	DATE SIGNED
24	A BURIAL CR	EMA-1/24B, DATE	Jane		.D. MEDICAL INVESTIGAT	or Mar	The second secon
TIO	N REMOVAL (Spe	cify) Marchet	1957	Cod con	The of a h	Prime anin	wholk mer
	TE RECEIVED		SIGNATU	RE	25 FUNERAL DIRECTOR	1-8 A	DDRESS
MA	IR 4 - 195	1 Huntin	Jon My	lianis, M.	N. Douar	Cours 1400	S. Charles ST
V	S 151 N-	8042	60.800	970	46	170	_ /-
		0				. / 4	

correct age is especially important. Physicians: piease withe the causes of death clearly and regiony.



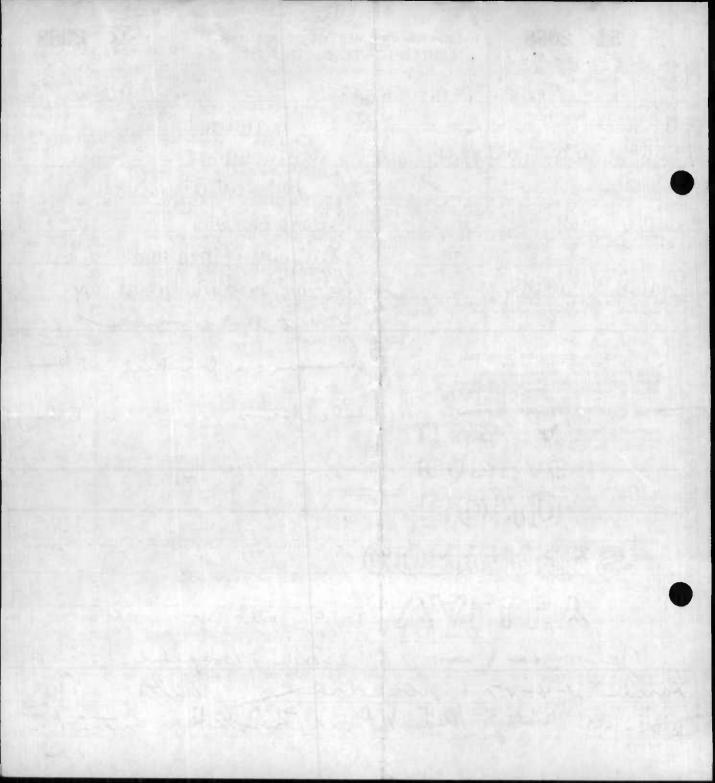
BALTIMORE CITY HEALTH DEPARTMENT

Pagistanad	No	

ВІ	RTH NO.			CERTIFICATI	E OF DEATH	Registere	u 140.
(T	NAME OF D	VVIII	d m	Buxbour	n	2. DATE OF DEATH	Tar. 3-1, 1957
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE ()	Where deceased lived B. COUNTY	
	FULL NAME	OF (If not in hospit	al or institut	tion, give street address or		f	
	INSTITUTION 2811 Violet Avenue				Baltimore	outside corporate i	mits, write RURAL and give township)
				Yrs.	D. STREET ADDRESS (If	rural, give location	
		tay in Baltimore	Life	Mos. Days	2811 Violet Av	venue	
	ale	6.COLOR OR RACE	7. SINGL	E. MARRIED, VED DIVORCED (Specify)	8. DATE OF BIRTH Oct 25,1887	9. AGE (In years last birthday)	If Under I Year Months Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f Baltimore, Mary	-	12. CITIZEN OF
13	FATHER'S	NAME	1	PRINTINS	14. MOTHER'S MAIDEN N	AME	
	Herman	Buxbaum			Unknown		
15 (Ye	. WAS DECEASE , no or unknown)	ED EVER IN U, S. ARMEI (If you, give war or date	FORCES?	16. SOCIAL SECURITY NO. 212-01-5707	17. INFORMANT Mrs. Reitha Weir	ner- 2811 V	ADDRESS iolet Avenue
ERTIFICATION	(This does heart failu injury or DISEASES RISE TO T UNDERLY	E OR CONDITION LEADING TO DEAT not mean the mode of ANTECEDENT CAUSE SOR CONDITIONS, II HE ABOVE CAUSE (A) I'ING CONDITION LA I'ING CONDITION LA I'IGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	TH of dying, e. g. ns the disease caused death SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B) (C)	of DEATH andier fa nothern rown, J	Joryez	ONSET AND DEATH
L				FINDINGS OF OPER	ATION		20. AUTOPSY?
CAL			1 01- 51		101-1111	76 1 70 111	YES NO
MEDI		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, atreet, office bldg., e	n or 21c. WHERE DID (II in Baitimore Cit	y, give exact location)
	F INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
			m.	WHILE AT NOT WHILE			
				and that death occur	N/4, 1951, to A red at 2 A.m., from to 3B. ADDRESS		SL, that I last saw then the date stated above. 23c. PATE SIGNED
2	A. BURIAL, C	CREMA- 24B. DATE	ypi	M. D.	12 M ST. VA	and of	3/3/3/
TIC	n Removal (S Buria)	pecify) _ / . /	0		Cong. Rosedale Bal	timore, Mar	
	MAR 4		S SIGNATI	Mianus, Ma	Sol. plunder "	Bis 1/2	4-26W. North
	VS 150	110	17. 6	2000 1000 19	Va		479 menue

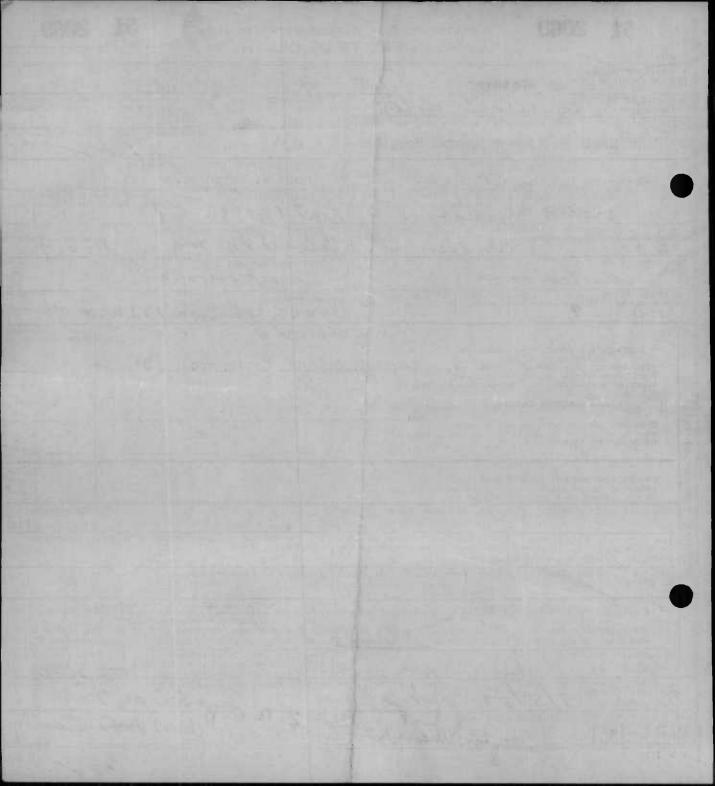
Sarah Dans

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) A FULL NAME OF (If not in hospital or institution, give street address or location) C. CATTY OR TOWN (If outside corporate limits, write RURAL and give township) Yrs. D. STREET, ADDRESS (If rural, give location Mos length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED If Under I Yaar 9. AGE (in years) If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. IOA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12 WHAT COUNTRY work done during most of working life, even if retired) INDUSTRY 13 EATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTIFICA (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY WHILE AT NOT WHILE WORK ttended the deceased from 2-26, 1951, to 3-2, 1951, that I last saw the ____, 1951, and that death occurred at 10^{35} pm., from the causes and on the date stated above. 22. I hereby certify that I attended the deceased from 2-26 deccased alive on_ 23A. SIGNATURE 23c. DATE SIGNED 238. ADDRESS ou aus 1000 3-3-51 24 BURIAY, CREMA-TION REMOVAL (Specify) CREMATORY 24C. NAME OF CEMETERY DR 24D. LOCATION (City, town, or country) 24B, DATE DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



/ BI	73.		EALTH DEPARTMENT E OF DEATH	51 Registered No.	2069			
1. (T	NAME OF DECEASED ype or Print) William Joseph	LOVE		2. DATE OF March 3,	1951			
3. A.	PLACE OF DEATH: Baltimore City, Maryland Balto, C	ites	4. USUAL RESIDENCE (WE A. STATE					
H	FULL NAME OF Contin hospital or institution, given spiral or South Baltimore General	location)	Maryland c. CITY OR TOWN (If o	outside corporate limits, wr	rite RURAL and giv			
	ength of stay in Baltimore 50 400	Yrs. Mos.	D. STREET ADDRESS (If ro					
	SEX 6. COLOR OR RACE 7. SINGLE, MAR	25 45 17	8. DATE OF BIRTH		l Year			
10	A. USUAL OCCUPATION (Give kind of 10B. KIND OF Bl. dopaduring most of working life, oven if retired)	USINESS OR INDUSTRY	11. DIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY			
13	FATHER'S NAME		14 MOTHER'S MAIDEN NAI		0			
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL ECURITY NO.		son 132 W,	Jambary			
TION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	NGS OF OPER.	ATION		20. AUTOPSY7			
DICAL	21a. EXTERNAL CAUSE WAS 21B. PLACE OF about home, farm, factor UTING CAUSE OF DEATH.	INJURY (e. g., in ory, street, office bldg., e		in Baltimore City, give	exact location)			
ME		JURY OCCURRE	21F, HOW DID INJURY	OCCUR?				
	22. I certify that I took charge of the remains described above, held an Inspection & Inquirythereon Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day st and death in my opinion resulted from: natural causes ★, accident □, suicide □, homicide □, undetermi 238. CHIEF MEDICAL EXAMINER. □ 238. CHIEF MEDICAL EXAMINER. □ 239. DATE SASSISTANT MEDICAL EXAMINER. □							
TIC	O TO THE POST OF T		D. MEDICAL INVESTIGATO	CATION (City, town, or co				
	TE RECEIVED BY REGISTRAR'S SIGNATURE AR 4 1957	was the	25 THE BAL DRECTOR O	ilson 1000	Brantly			
V	S 151	9709	9	937	ave			

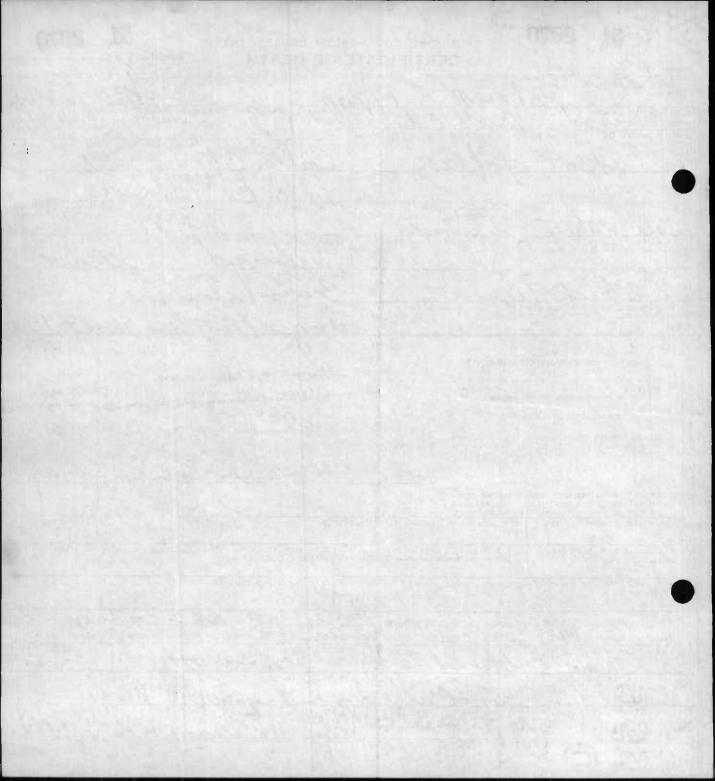
important. Inysicianis, prease wine the causes of death creamy and regions.

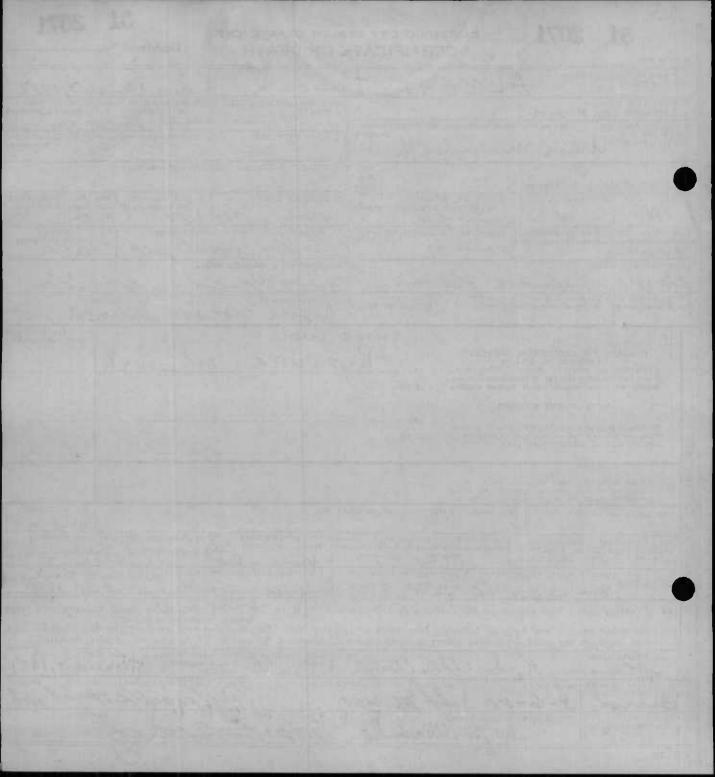


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2070 Registered No.

B	RTH NO.									
1. (T	NAME OF DECI	Par Par	trick	F. F	Tyni	2	2. DA	тн 11/1	arch 2-1951	
Α.	PLACE OF DEAT Baltimore City	, Maryland	Balto.	City	A. :	STATE MA.		county	institution : residence before admission)	
H	B. FULL NAME OF (If not in hospital or institution, give strey address or HOSPITAL OR INSTITUTION									
	Yrs. Mos.					D. STREET ADDRESS (If rural give location)				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCE (Specify)					8.1	8. DATE OF BIRTH 8. AGE (In years If Under I Year If Under 24 Hours Months: Days Hours Min.				
	A. USUAL OCCU			OF BUSINESS		11, BARTHPLACE (State or foreign country) 12. CITIZEN OF				
	done during most of wo	1	Vecque	USTRY	Juliand J. H. COUNTRY? 14. MOTHER'S, MAIDEN NAME					
	Patr	ick to	lum		1	midge)	Sau	alier	VV	
15 (Ye	s, no or unknown)	VER IN U.S. ARM (If yes, give wer or da	ED FORCES? tes of service)	16. SOCIAL SECURITY	NO. 77.	INFORMANT .	X670	A A	130 Fax Cur	
	18. 59			CA	USE OF	DECH	- 129		INTERVAL BETWEEN ONSET AND DEATH	
	(This does no	OR CONDITION EADING TO DE. It mean the mode	ATH of dying, e.g.,			Broucho 1	neumon	ce.	3 4	
	injury or co	asthenia, etc. It me mplication which	caused death.)	DUE TO		Agrahen			6mo	
NO		R CONDITIONS,				Necemia	· Cons	b	4 deg	
CATI		ABOVE CAUSE (A G CONDITION		DUE TO	0	1.0-	70 6			
RTIFICA	OTHER SIG	II NIFICANT CON	DITIONS CON	(C)	9	his Jallest	chard 14	Michey	Gms	
CEF	TRIBUTING TO	THE DEATH, BU	T NOT RELATED ON CAUSING IT.	***************************************						
CAL	19a. DATE OF		19B. MAJOR F	THE PAIN					YES NO	
IEDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, etreet, office hidg., etc.) HOMICIDE (Specify)									
	F INJURY	nth) (Day) (Yea	WH		T WHILE	21F, HOW DID	NJURY OCCU	R?		
	22. I hereby certify that I attended the deceased from Jeh 24, 195! to Wal 2, 195!, that I last saw the									
	deceased alive			nd that death		at J m.,)	from the caus	es and on to	23c. DATE SIGNED	
2	4A. BURIAD, CRE	MA- 24B. DATE	DE 120		. D. EMETERY C	R CREMATORY	24D. LOCATIO	City, town	or (olinty) (State)	
_	ON MEMOVAL (Special ATE RECEIVED E	3-5-	1951	Cathe	dra	FUNERAL DIF	Mall	2. Me	ADDRESS	
	AR 4 - 195		truster 11	Missus, 14	五五	ynn 47	Hemin	1 1476	hightel.	
	VS 150	ed by		The state of the s			7		1310	

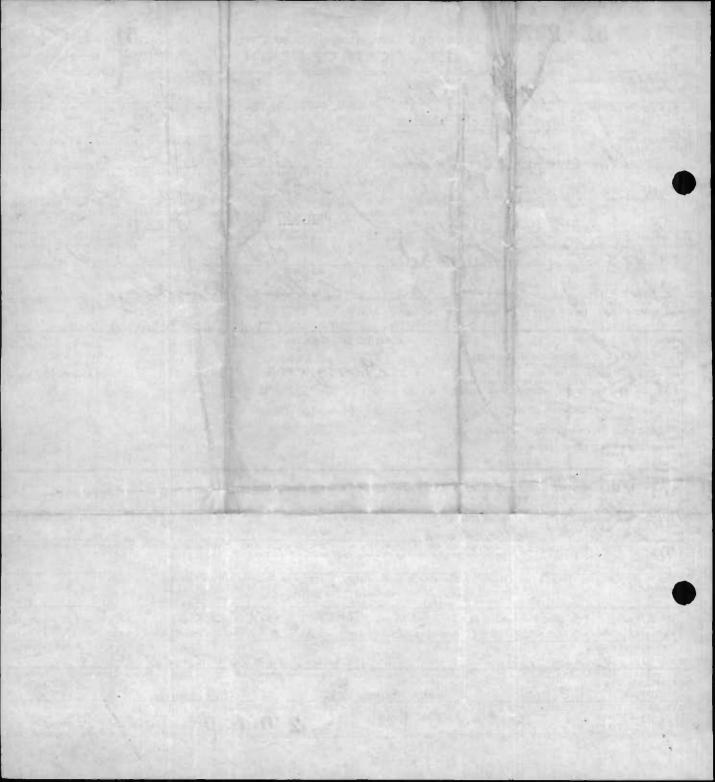




51. 2072 BALTIMORE CITY HEALTH DEPARTMENT CERT!FICATE OF DEATH

51. 2072 Registered No.

В	BIRTH NO.								
	NAME OF D ype or Print)		liank	(.Timm		2. DATE OF DEATH	3-3	-51	
A. Baltimore City, Maryland Baltimore, Md.					4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or location)					C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
Yrs. Mos.					D. STREET ADDRESS (If rural, give location)				
5	SEX	tay in Baltimore [6.COLOR OR RACE	1 7 SINGL	Days Days	8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Under 24 Hours				
WIDOWED, DIVORCED (Specify)									
		CUPATION (Give kind of working life, even if retired		OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign countr		CITIZEN OF	
_	Cleri		Rail	road	Mod			45	
13	FATHER'S N	NAME			14. MOTHER'S MA	DEN NAME	11		
	Harr	m 1. 7	unn	_	Calherne Buckley.				
15. WAS DECEASED EVER A U, S. ARMED FORCES? (Yee, no or unknown) (If you give war or dates of service) SECURITY NO.					17. INFORMANT ADDRESS				
SECORITY NO.				Mrs. Robert J. Thome 4 Upland Road					
	18. 77	3 X .		CAUSE	OF DEATH		11	NTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY							,	
	(This does not mean the mode of dying, e.g., (A) MENINGIOMS							unknow	
н	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO								
	ANTECEDENT CAUSES								
Z	(B)								
5	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
CATION	UNDERLYING CONDITION LAST.								
FIC	(0)								
ERTIFI	OTHER SIGNIFICANT CONDITIONS CON.								
CEI	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT								
1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION							20. AUTOPSY?	
AL	2-26-5/ Menindioma							YES NO	
EDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21B. FLACE OF INJURY (e. g., in or INJURY OCCUR? (If in Baltimore City, give about home, farm, factory, street, office bldg., etc.)							xact location)	
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?								
	OF INJURY		m.	WHILE AT NOT WHILE					
	22. I hereby certify that I attended the deceased from 2-9 1951, to 3-3, that I last saw								
	deceased alive on 3, 1931, and that death occurred at Am.					from the causes	and on the da		
	01	1 /2			238. ADDRESS	a Ba	1 10 230	DATE SIGNED	
2.	AA. BURIAL,	CREMA- 248. DATE	egle	M. D. 24c. NAME OF CEMETE	RY ON CREMATORY	2AD. LOCATION (City, town, or con	unty) (State)	
TI	on REMOVAL (S Burial	3/6/51		Holy Redeeme		Baltimor	112		
	ATE RECEIVE		S SIGNAT		25, FUNERAL DIR			RESS	
	MAD A - 1	SET THE	the top !	MANGETHANKS WILL	16:42 1	der 191	on 805 1.	Galverf X 1,	
	VS 150	301	ens .						
				35050				56)	



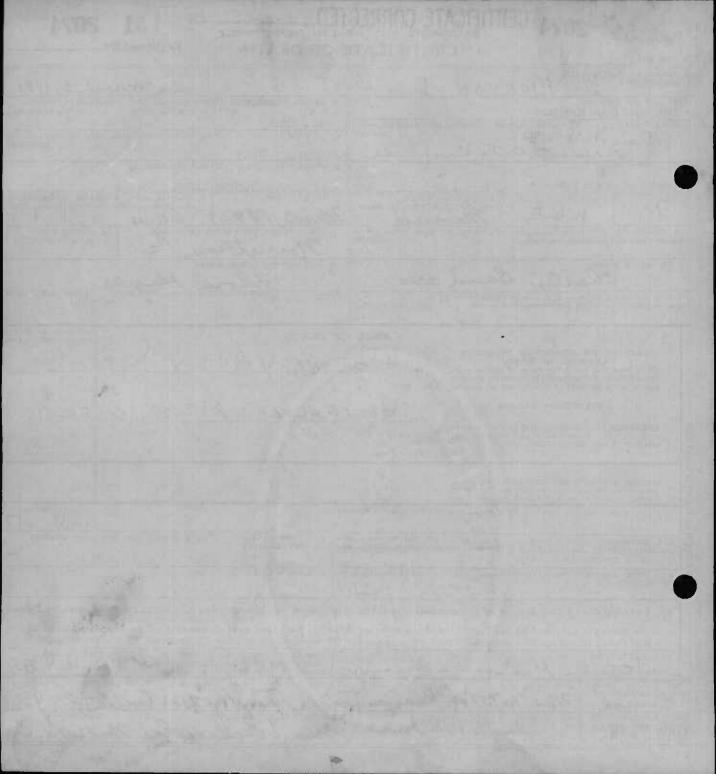
51 2073 Registered No.

В	IRTH NO.			CERTIFICATI	OF DEATH	itt gistell u	110,
	NAME OF D		a Wr	ginia Bond		2. DATE OF DEATH	2/51
3 A.	PLACE OF D Baltimore (4. USUAL RESIDENCE	CE (Where deceased lived. B. COUNTY	If institution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institut	tion, give street address or location)	c. CITY OR TOWN	(If outside corporate lim	uits, write RURAL and give
	40				Baltimore	2-1-	4.8
	Y			70 yrs. Yrs. Mos.		(If rural, give location)	
-	length of s	tay in Baltimore	5 611161	Days E. MARRIED.	8. DATE OF BIRTH		If Under 1 Year If Under 24 Hours
3	Female	White	WIDOV	VED, DIVORCED (Specify)	8/9/1877	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Months: Days Hours Min.
	k done during most	CUPATION (Give kind of of working life, even if retired)		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stat		12. CITIZEN OF WHAT COUNTRY
13	B. FATHER'S		1		Baltimos		
		eorge A. Ki			Margare		
15 (Ye	5. WAS DECEAS:	ED EVER IN U, S. ARMEI (If you, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
					Thomas Bond	524 Orkney	Road
CERTIFICATION	(This does heart failt in jury or DISEASE RISE TO TUNDERL'	SE OR CONDITION LEADING TO DEA not mean the mode ore, asthenia, etc. It mes complication which ANTECEDENT CAU: S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L. II BIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	TH of dying, e. ans the disea caused deat SES F ANY, GIVI STATING T AST. ITIONS CO NOT RELAT	(B) Casom (B) Casom (C)	ngny Melas le ott Pulmon emec Brios	the Greenarm any burners	aye
7				FINDINGS OF OPER	ATION	21 /	20. AUTOPSY?
CAI	2200			noma wil			YES NO
EDI	HOMICIDE	ENT. SUICIDE. (Specify)	about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	or 21c, WHERE DID	(If in Baltimore City	, give exact location)
M	21D. TIME OF INJURY	(Month) (Day) (Year	(Hour) m.	21E. INJURY OCCURRI	ED 21F. HOW DID IN		
	22. I hereb	y certify that I at	tended the	deceased from	, 1946t	0 2 Mar, 19:	5, that I last saw the
2	deceased a 23A. SIGNA 4A. BURIAL,	TURE Grange	1951.		3301 N Ch	om the causes and on	23c. DATE SIGNED
TI	on REMOVAL (S Burial	Specify)	/51	Greenmount	5	Baltimore	Md.
DL	MARY T	D BY REGISTRAR	SSIGNATI	this way	A.W. NELLUL	For 805 M. C.	lout St.
	VS 150	ky ,		* ANT LE LESS			<i>_</i>

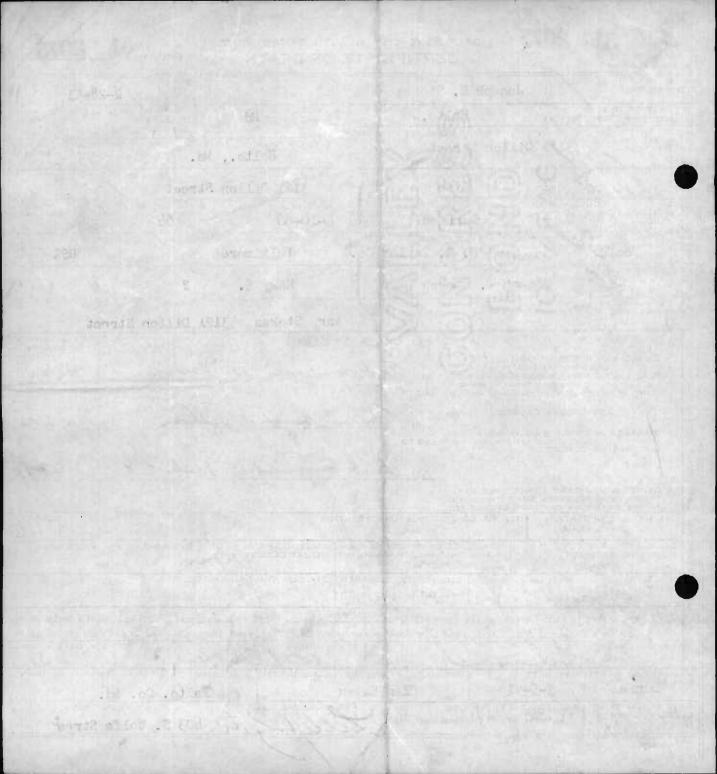
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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5782 13	Cette canon ac. 3 NTA 20 SO S		
			THE RESERVE
	CALL MANUAL PROPERTY.		
			06 107 1 9 1 1 19
	Sin William		
	N. Carlotte and Ca		
		14.5/10年於	
	ELIZA NI		
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W jakabar se			

51 2074 CER HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE MORTON (Type or Print) OF March 3, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF I'f not in hospital or institution, give street address or New Jersey HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Atlantic City Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore 208 South Cornecticut, venie Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | Months; Days | Hours 24 Hours last birthday) | Months; Days | Hours; Min. WIDOWED, DIVORCED (Specify) 6044 10A. USUAL OCCUPATION (Givekindof) 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME Bates 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yos, give war or dates of service) (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 420.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO GENERALIZED ARTERIOSCHEROSIS ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION YES Y (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK 22. I certify that I took charge of the remains described above, held an Victoria thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [, accident], suicide], homicide], undetermined]. 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) £48. DATE 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR

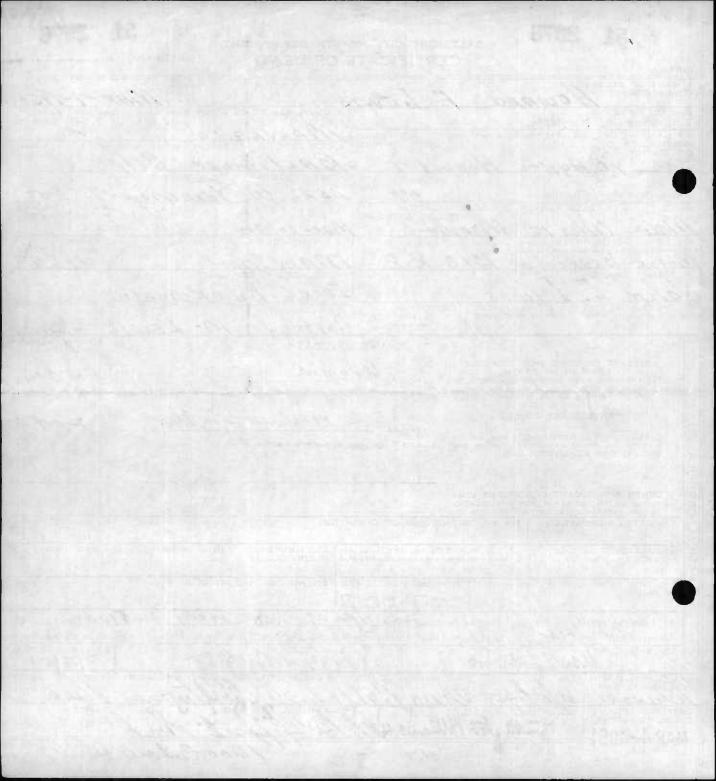


В	IRTH NO.			CERTIFICATI	E OF DEATH	Registered	No.
i. NAME OF DECEASED (Type or Print) Joseph B. Stokes						2. DATE OF DEATH	2-28-51
A.		City, Maryland		alto.	4. USUAL RESIDENCE (V		If institution: residence before admission)
H	OSPITAL OR	3121 Di		location)			nits, write RURAL and give township)
		stay in Baltimore	L	ife Yrs. Mos. Days	D. STREET ADDRESS (If 3121 Dillon	,	
5	. SEX	6. COLOR OR RACE	7. SINGL WIDOW Na	E. MARRIED. VED.DIVORCED (Specify) Pried	4-10-86	9. AGE (In years last birthday)	Months Days Hours Min.
10 wor	h done during most	CUPATION (Give kind of of working life, even if retired) LEP		A. Taylor Co.	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S		ph B. S	tokes	14. MOTHER'S MAIDEN N	AME 7	
15 (Ye	5. WAS DECEAS es, no or unknown)	ED EVFR IN U.S. ARMEI (If yes, give war or date	D FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mary Stokes 3:	121 Dillon S	ADDRESS
RTIFICATION	heart failt injury or DISEASE RISE TO UNDERL	LEADING TO DEA s not mean the mode ure, asthenia, etc. It mes complication which ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION L. II SIGNIFICANT COND	of dying, e. ins the disease caused death SES F ANY, GIVII STATING TO AST.	(B) Chin (B) Chin (Chin (C) Coul	worderski C.V.	sthona	Jun 2/5 2 2-280
AL CER	TRIBUTING TO THE E	G TO THE DEATH, BUT	NOT RELAT	ŁD .	ATION		20. AUTOPSY?
TEDIC/	21A. ACCIDE HOMICIDE	ENT. SUICIDE, (Specify)	21B. PL/about homed	ACE OF INJURY (e. g., in a m, factory, street, office bldg., e	n or 21c. WHERE DID (Stc.) INJURY OCCUR?	If in Baltimore City	, give exact location)
	21D. TIME DF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRI	1_	Y OCCUR?	
	deceased a 23A. SIGNA 4A. BURIAL. ON. REMOVAL (S	TURE CREMA- Specify 3-5-5	ended the	deceased from and that death occur	red at // F.m., from to 38. ADDRESS PULL COMMENT OF CREMATORY 24D. Len	the causes and on	23c. DATE SIGNED 3.2.37 vn, or county) (State) Md.
	ATE RECEIVE		SEIGNAT	Thank, The	ESSFUNERAL DIRECTOR	403 S. Wo	address 1fe Stree ^t
	VS 150	1		58124	10:		937



51. 2076

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	-	51 2076		51.	2076
Н		BALTIMORE CITY HE	EALTH DEPARTMENT	Registered No.	
Н	BI	RTH NO. CERTIFICAT	E OF DEATH	Registered No.	
	1. (T	NAME OF DECEASED (spe or Print)		2. DATE OF Mas	1 160
П	3.	PLACE OF DEATH:	4. USUAL RESIDENCE (Wh	ere deceased lived, if insti	tution : residence
	-	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	A. STATE	B. COUNTY 0 - 0	before admission)
Н	H	SSPITAL OR STITUTION		utside corporate limits, wr	
	6	St. Hones Flosbital	BALTIMOR	e lity	township)
		Yrs. Mos.	0	ral, give location	
7	or all provided	Length of stay in Baltimore Days	2522 10. 010	PIRMIOUN.	T. BUE
	5.	SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)		9. AGE (In years Il Under last birthday) Months	Days Hours Min.
	10	A. USUAL OCCUPATION (Give kind of 105, KIND OF BUSINESS OR	11. BIRTHPLACE (State or fore	66	CITIZEN OF
1001	work /2	done during most of working life, even if retired) INDUSTRY	manll	/	WHAT COUNTRY
	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAM	ME L	110/7.
1	1	John & Lauris	ISORA- AUD	Kworth	
	15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL.	17. INFORMANT	ADDR	ESS
3	(10)	(11 yes, give war or dates of service) SECURITY NO.	Gertrude N.	7- LEWIS	- STANA
1		18. 59 × , CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND OBATI
2		DISEASE OF CONDITION DIRECTLY	remia		AND GEATT
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	remia	***************************************	5 days
7.7.		injury or complication which caused death.) DUE TD			
2	_	ANTECEDENT CAUSES	+ EKBENTAT =	Chy.	2 wxs
TO L	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE (B)	e Exaderation a	<i>k</i>	
	AT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	no my my		
11111	RTIFICA	(C)			
210	R	OTHER SIGNIFICANT CONDITIONS CDN.			
	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			***************************************
5	7	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
T Alla	EDICA	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (o. g., i		in Baltimore City, give	exact location)
Loca		HOMICIDE (Specify) about home, farm, factory, atreet, office bldg.,	etc.) INJURY OCCUR?		
1111	Σ	Pid. Time (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR FINJURY	ED 21F, HOW DID INJURY	occur?	
Circ		m. WHILE AT NOT WHILE AT NOT WHILE AT WORK,			
120		22. I hereby certify that I attended the deceased from	Or. 27 , 1950, to M	ar , 199 /, th	at I last saw th
Jan		deceased file on May 195/, and that death occur		e causes and on the d	
2		23A. SIGNATURE MA Inthe	1933 W. Jack. 1	Cot 2.	3 2 FI
age	24	BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETE		CATION City, town, or c	ounty) (State)
2	TIC	CLAZZE 3/5/1951 VALIS CORE	Indoor Jagar	Provine . 1	Mud
OZ Z		ATE RECEIVED BY REGISTRAR'S SIGNATURE.	15 FUNERAL DIRECTOR	A P AL	DRESS
		1AP 4-1951 Tuntington Williams, Mit	12. Offebback	Dow	13163
		VS 150	- 1/300	Entow 1	26. 17
		6293			



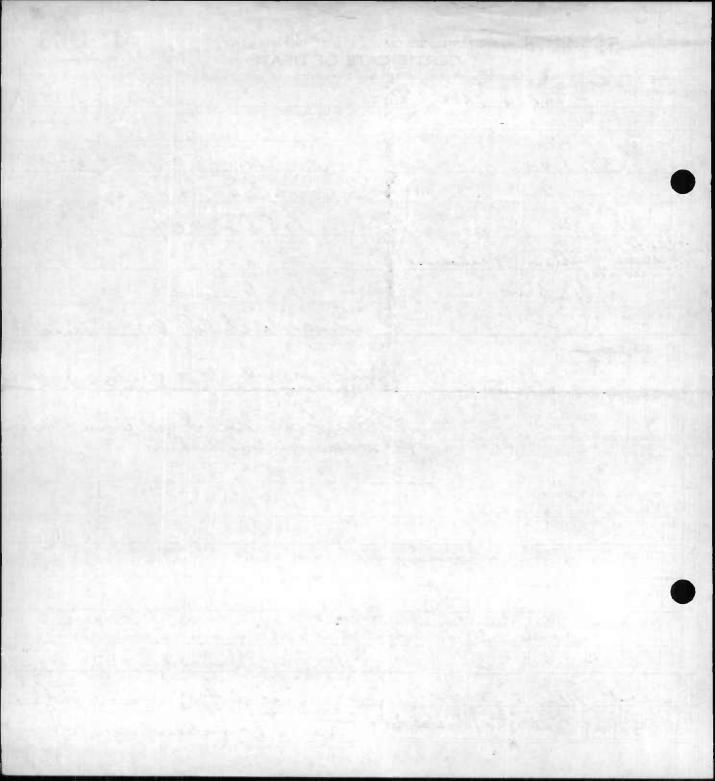
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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Registered	No			

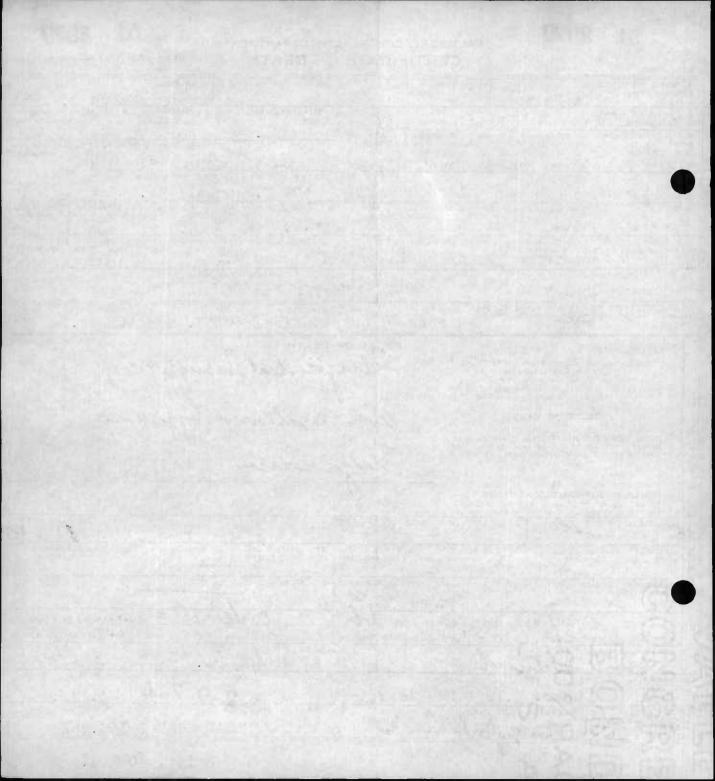
DI	KIN NO.						
(T	NAME OF E	Milton	25	amskj		2. DATE OF DEATH MORE	12/51
	Baltimore	City, Marylan 14/		molds Ist	4. USUAL RESIDENCE (Where deceased lived, If i	nstitution: residence before admission)
HO	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit	al or instituti	ion, give street address or location)		If outside corporate limits	, write RURAL and give
114	STITUTION				13 allimae	24.0	(township)
	17 0			Yrs. Mos.	D. STREET ADDRESS (I	f rural, give location)	
5.	Rength of s	stay in Baltimore	7. SINGLE	Days Days	8. DATE OF BIRTH	9. AGE (in years)	Under 1 Year If Under 24 Nours
7	nale	white	Mars	ED, DIVORCED (Specify)	Lec. 23/1900		ths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY?
0	Langa	hereman			Baltimere		
9	naction	K	•		14. MOTHER'S MAIDEN I	NAME	
15	. WAS DECEAS	ED EVER IN U.S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT	daje	DRESS
(Ye	s, no or unknown	(If yes, give wor or date	a of service)	SECURITY NO.	Mary Dem	sh: 1411 /cm	molds 1
	18. 60	9 X		CAUSE	OF DEATH	/	INTERVAL BETWEEN
		SÉ OR CONDITION LEADING TO DEA	TH	Clarke	Cardin - Va	Cala Collas	a cute
	heart fail	s not mean the mode oure, asthenia, etc. It mes complication which	ns the disease	e, «La- ···	to BOD 11	2 150	1
	mjary or	ANTECEDENT CAUS	0.1	DUE TO PERE	stompis du	le Francis	4 6 274
Z	DIOPLOP		000	Relieve 0	1 Pesteris Un	elling it	
TIOI	RISE TO	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	E DUE TO FRA	limale en	Continue	2
ICA				(C)			
RTIF	OTHER S	II SIGNIFICANT COND	TIONS CON		2 . 0	0	
CEF	TRIBUTIN	G TO THE DEATH, BUT	NOT RELATE	D / / 222	be ogsen	ten	1 mo -
	19A. BATE	OF OPERATION	9B. MAJOR	FINDINGS OF OPER	PATION I Ant	2	20. AUTOPSYT
DICA		DENT WAS UNDER-		CE OF INJURY (e.g., i		(If in Baltimore City, g	
MEL	CAUSE OF	R CONTRIBUTING DEATH	about nome, i	arm, factory, street, office bldg.,	otc.) INJURY OCCUR?		
7	F INJURY	(Month) (Day) (Year		21E. INJURY OCCURR	ED 21F. HOW DID INJUR	RY OCCUR?	
			m.	WHILE AT NOT WHILE AT WORK		4 1 2/ 5/	
		by certify that I at		deceased from	19 /, to /		, that I last saw the
	23A. SIGNA		13.1		3B. ADDRESS	the causes and on th	23c. DATE SIGNED
		arres,	(Fle	engles M.D.	2001 FV	all m	2/4/57
17	N, REMOVAL	Specify) 248. DATE	1/-	249. NAME OF GEMETE	12	LOCATION (City, town,	or county) / (State)
	ATE RECEIVE		S SIGNATU	700 07 100	2 FUNERAL DIRECTOR	comme !	ADDRESS
MI	DCAL REGIST	TRAR	to the	Villians 11 mg	Fred VI Oz	azzuski	
1777	VS 150	O I CHANGA	A STATE OF THE STA	auto Co	1930 East	ends dus.	131 3
		0 3 100	-				1 /15

CERTIFICATE OF DEATH 51. 2078 Registered No. 51 2078 BALTIMORE CITY HEALTH DEPARTMENT

ВІ	IRTH NO.	CERTII ICATI	E OF BEATH	,
	NAME OF DECEASED MAR	in Vaiswilla		2. DATE OF DEATH / RC/7 1-1951
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W. A. STATE	nere deceased lived. If institution: residence B. COUNTY before admission)
B. He		pital or institution, give street address or location)	c. CITY OR TOWN (If	sutside corporate limits, write RURAL and give
D	632 1019	T FRND SI.		RE LL-UV
	17 0 1 2 22 22	Yrs. Mos.	D. STREET ADDRESS (If r	ural, give location)
c.	Length of stay in Baltimore		8. DATE OF BIRTH	9. AGE (In years If Under I Year If Under 24 Hours
	Hemola W.	MIDOWED, DIVORCED (Mocify)	1883	last hirthday) Months Days Hours Min.
10	State OCCUPATION (Give kind of the control of the c	dof 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	WHAT COUNTRY?
13	B. FATHER'S NAME	mm	14. MOTHER'S MAIDEN NA	
15	5. WAS DECEASED EVER IN U.S. ARM	MED FORCES? 16. SOCIAL	7) INFORMANT ·	ADBRECE
(Ye	s, no or unknown) (If yes, give war or d	ates of service) SECURITY NO.	bull Warefu	ed 632 Portle al Se
	18.	443 X CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITIO			7 2 1
	(This does not mean the mod heart failure, asthenia, etc. It n	le of dying, e.g., (A)	joeanceae a	egeneralus Twales
	injury or complication which	h caused death.) DUE TO		U .
7	ANTECEDENT CA	USES CAT	Truncontin	Human Time Brown
Ö.	DISEASES OR CONDITIONS	if ANY, GIVING		Hypertinen 3 year
AT	UNDERLYING CONDITION		moranda s	acces .
FIC		(C)		
RT	OTHER SIGNIFICANT COM	IDITIONS CON-		
CE	TRIBUTING TO THE DEATH, B			
_	19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
CA	21A. ACCIDENT, SUICIDE,	21B, PLACE OF INJURY (e.g., i	n or 21C, WHERE DID (I	YES NO I
MEDI	HOMICIDE (Specify)	about home, farm, factory, street, office bldg.,		in barringe day, give exact receiver,
	ID. TIME (Month) (Day) (Ye			OCCUR?
		m. WHILE AT NOT WHILE		
	22. I hereby certify that I	attended the deceased from	24 , 1957, to We	arch 1, 1951, that I last saw the
	deceased alive on March	1, 1951, and that death John		e causes and on the date stated above.
	John P. Wheel	7 M. D.	1227 Wark 6	Blud 3. 3 51
3/	A)A. (BURIAL, CREMA- 248, DATI	E 249, MAME OF CHIETE	RY OR CREMATORY 24D. LC	OCKTION (City, town, or county) (State)
1	Virue Man	5/51 Hali ()	a (h dolini to	tant lungo (Oring Dall.
D	ATE RECEIVED BY REGISTRA	5/51 Arly Com	1. Ateliere 1	gw enne (runder (15
DL	wied Mai	5/5/ Arly Congress of the Williams Mar	Lower W. Ja	eliansten of Mc Newry &



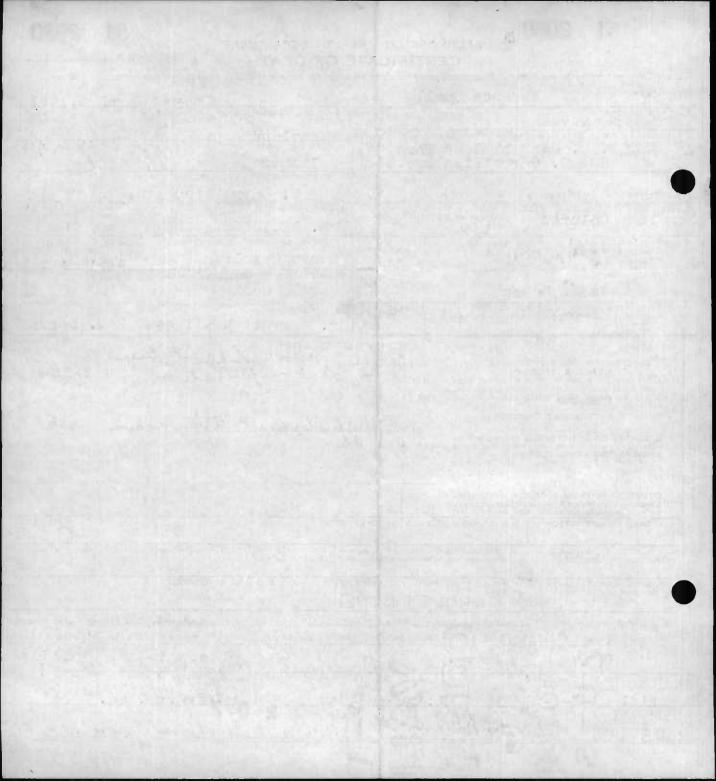
CERTIFICATI	E OF DEATH Registered No.
1. NAME OF DECEASED	2. DATE
(Type or Print) Delia Kaiss	OF DEATH March 2, 1951
S. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore	4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR location) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
601 E. Randall Street	Baltimore 24-04
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Life Mos. Days	601 E. Randall St.
5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Widowed	B. DATE OF BIRTH 9. AGE (In years If Under 1 Year In Under 1 Year In Under 1 Year In Under 24 Hours Min. 3. AGE (In years If Under 1 Year In
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) attendant-restroom Sugar Refinery	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Curley	Mary Moran
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO. none	Mrs. Eisel 601 E. Randall St.
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ADVE CAUSE (A) STATING THE DUE TO DUE TO (B) (B) DUE TO DUE TO DUE TO O DUE TO O DUE TO O DUE TO O O DUE TO DUE TO O DUE TO D D D D D D D D D D D D D	yvadikis
TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20. AUTOPSY?
	YES ND
21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., i about bome, farm, factory, street, office bldg.,	in or 21c. WHERE DID (If in Baltimore City, give exact location)
PID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?
F INJURY WHILE AT WORK AT WORK AT WORK	1
deceased alive on 21 , 19 and that death occu	rred atm., from the causes and on the date stated above.
John a Scherench M.D.	23B ADDRESS. Charles 2. 3/3/5/
24A. BURIAL CREMA- TION, REMOVAL (Specify) Burial Mar. 5,1951 New Cathedr	- W A
DATE RECEIVED BY REGISTRAR'S SIGNATURE MAR 5-1951	ADDRESS KRAUSE FUNERAL HOME-1216S.CharlesS
V2 :50	



51 2080

BALTIMORE CITY HEALTH DEPARTMENT

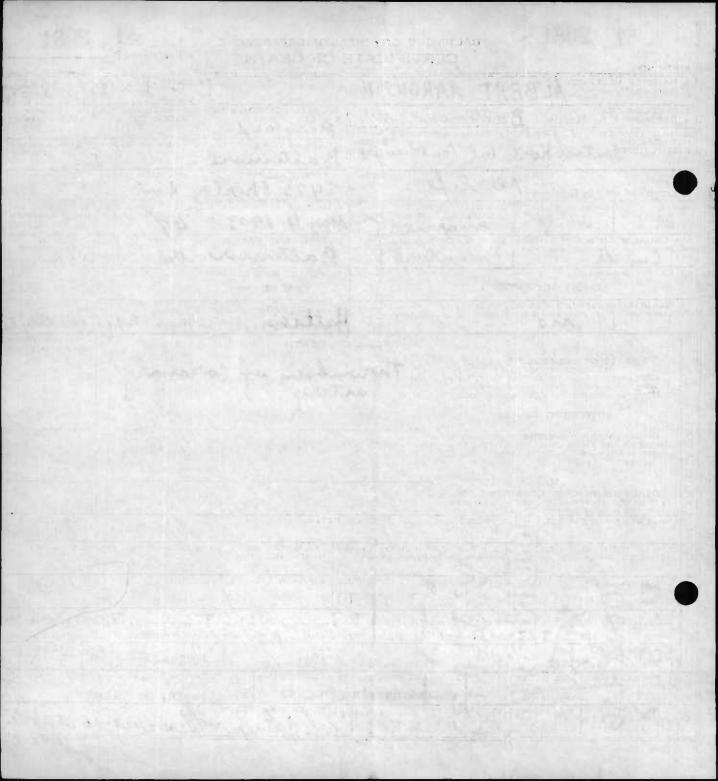
	BIRTH NO.	E OF DEATH	\U.					
	1. NAME OF DECEASED (Type or Print) Ularence Gmoll	2. DATE OF						
-	Trolence pmgrr	DEATH Mai						
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	before admission)					
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR 1 location)	c. CITY OR TOWN (If outside corporate limit	to unito RIIDAI and cive					
	HOSPITAL OR N. M. Carroll Aged Home location) 822 N. Carrollton Ave.	Baltimore /6-	() (township)					
-	Yrs.	o. STREET ADDRESS (If rural, give location)	0 1					
	c. Length of stay in Baltimore Mos. Days	822 N. Carrollton Ave.						
	5. SEX Color or RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 9. AGE (In years)	It Under I Year II Under 24 Hours on the Days Hours Min.					
	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF					
1	ork done during most of working life, even if retired) INDUSTRY	South Carolina	U. S. A					
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Isaac Dayes	Martha Cook	The same of the same					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO.		DDRESS					
	SECONTT NO.	Mr. Garrett Rawlings 322	N. Carroll					
	18. 443 X CAUSE	OF DEATH	INTERVAL BETWEEN					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Dekompensation	211					
	(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease,	accompensation	3/2/51					
	injury or complication which caused death.) OUE TO							
	ANTECEDENT CAUSES	feetension & arterioschen	: 2/2/01					
	DISEASES OR CONDITIONS, IF ANY, GIVING	The second secon	4 7/31					
1	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
	(c)							
	CO							
	TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONCITION CAUSING IT.							
-	, 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?					
	U ala su accident suicide	Los Milion Did (It in Politica) Oliver	YEST NO V					
	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., i about home, farm, factory, atreet, office bldg.,		give exact location)					
	1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?						
	m. WHILE AT NOT WHILE AT WORK AT WORK							
	22. I hereby certify that I attended the deceased from Fet 2 , 1957, to March 2, 1957, that I last saw the							
	deceased alive, on 74.24, 19.57, and that death occurred at 8:119m., from the causes and on the date stated above							
100	23A. SIGNATURE 1 23C. DATE SIGN							
	24A. BURIAL, GREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 240. LOCATION (City, town	or county) (State)					
	TION, REMOVAL (Specify)		= 1					
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	Cem Baltimore 1	ADDRESS					
	LOCAL REGISTRAR	MANJANGE Ta. Heursley						
	MAR 5 - 1951	you wanted and more	Biddle St.					
	Vs 150		930					



51. 2081

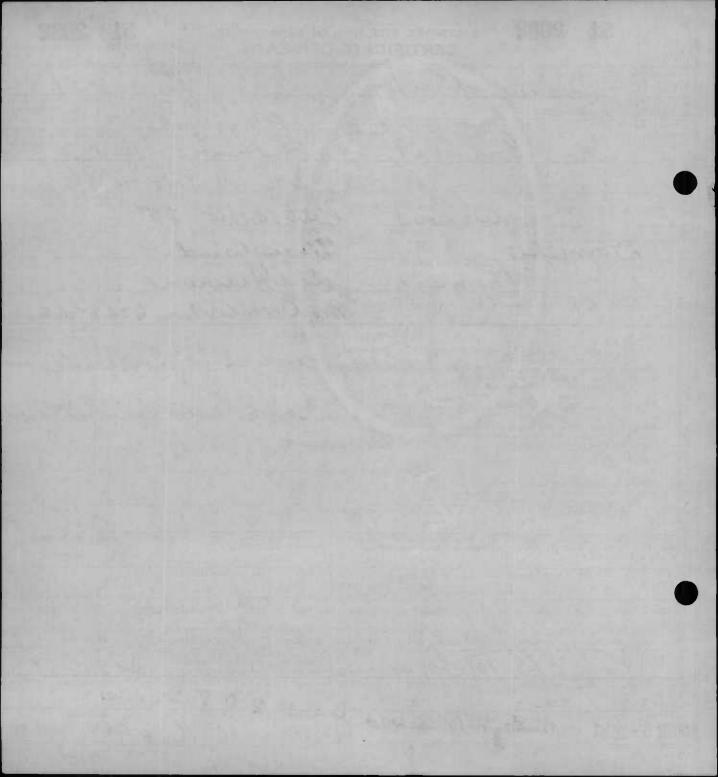
В	IRTH NO.		CERI	IFICATE	OF DEATH	Registere	d 140.
1.	NAME OF D Type or Print)	ALBE	ERT AAR	NOSNO		2. DATE OF DEATH	3.1951 8°5
3. A.	Baltimore (City, Maryland	3 altimor	. Md. 1	. USUAL RESIDENCE	(Where deceased lived	. If institution: residence before admission)
В.	FULL NAME OSPITAL OR		tal or institution, give st		Maryland		
IN	STITUTION 2	octors Kon	mital, Bal	limere	CITY OR TOWN	(If outside corporate li	mits, write RURAL and give township)
			100 0.0	Yrs.	STREET ADDRESS	(If rural, give location))
6	Length of s	tay in Baltimore	the life	Mos. Days	2475 Shir	ley Ave	
5.	SEX	6. COLOR OR RACE	7. SINGLE, MARRI WIDOWED, DIVO		DATE OF BIRTH	9 AGE (In years last birthday)	Months: Days Hours Min.
10	/VI	White CUPATION (Give kind of	marri	ed M	1ay 4, 1903	47	
		of working life, even if retired		INDUSTRY	A Plant A	r foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S		1 / / 20 000 000	1	4. MOTHER'S MAIDEN		NSA
		Louis Aarons	oon		Esther —		
12 (Ye	. WAS DECEASI	ED EVER IN U. S. ARME (If yes, give war or date		URITY NO.	7. INFORMANT	27.0-66.m 2	ADDRESS 475 Phirle 1
_	10 1 0			SALUSTI OF	and an in	-	INTERVAL BETWEEN
	18. 4.2	SE OR CONDITION	DIRECTIV	CAUSE OF	DEATH		ONSET AND DEATH
		LEADING TO DEAs not mean the mode	TH	Throw	belief of	Coronar	V
	heart failu	re, asthenia, etc. It me complication which	ans the disease,	TO av	term	(1
		ANTECEDENT CAU			8		
O	DISEASE	S OR CONDITIONS,	(E)	•••••••••••		
E	RISE TO T	THE ABOVE CAUSE (A)	STATING THE OUE	то			
CERTIFICA							
TIF	OTHER	II COND)			
HE	TRIBUTING	SIGNIFICANT COND G TO THE OEATH, BUT DISEASE OR CONDITION	NOT RELATED				
			198. MAJOR FINDING	S OF OPERAT	ION	***************************************	20. AUTOPSY?
CA	DAL ACCIDE	NT CHICIDS	L OLD DIAGE OF IN	10157	Late Waters Die	(TE in Dalain Cla	YES NO
MEDICAL		ENT. SUICIDE, (Specify)	218. PLACE OF III about home, farm, factory,	street, office bldg., etc.)	21c, WHERE DID INJURY OCCUR?	(II in Balumore Cit	y, give exact location)
1	210. TIME OF INJURY	(Month) (Day) (Year		RY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
			m. WHILE AT WORK	AT WORK			
	22. I hereb	y certify that I at	tended the deceased	from 3.	dat go, m., from	3.3 , 19	51, that I last saw the
	doceased at	live on 3.3	_, 19_\$ and that	death occurre	dat p.m., from	n the causes and or	n the date stated above.
	Tow	n Llan V	W	M. O. 2	ADDRESS	Chast	3 3 5
24	4A. BURIAL.	specify if		E OF CEMETERY		. LOCATION (City, to	
_	Burial	3/5/51	Hebre	W Herring	Run Cemetery $_{ m Bz}$	altimore, Mar	yland
D. L	ATE RECEIVE	D BY REGISTRAR	S SIGNATURE		of hermanica		24-26 W. North
	VS 150		B 44 1 .				anexac
			69	0 53			94a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.



important.

especially

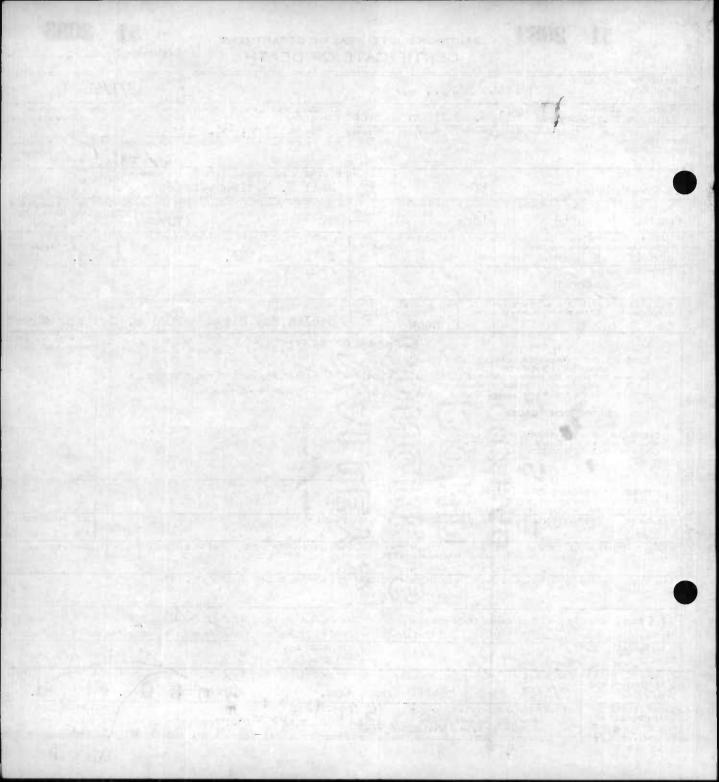


correct age is especially important. Physicians: please write the causes of death crearly and icginity.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 2083 Registered No.

81	RTH NO.						
	NAME OF DE	CEASED Henri	etta Ha	arp.,		2. DATE OF DEATH	/1/51
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION					4. USUAL RESIDENCE (Where deceased lived. If institution; residence a. STATE B. COUNTY before admission Baltimore, Ad.		
	Length of st	ay in Baltimore	life	Yrs. Mos. Days	2611 E. Madi	(If rural, give location) LSON Street	
	female	6.COLOR OR RACE White	7. SINGLE WIDOW WIDOW	E, MARRIED, /ED, DIVORCED (Specify) V	Dec 13,1873	9. AGE (In years last birthday)	Months Days Hours Min.
worl	A. USUAL OCO done during most of OUSEWDIE	CUPATION (Give kind of fworking life, even if retired) at home	10B. KIND	O OF BUSINESS OR INDUSTRY	Baltimore, A		U.S.
13	FATHER'S N	ame Unknown			14. MOTHER'S MAID Unknow		
	NAS DECEASE a, no or nnknown)	D EVER IN U.S. ARMED (If yee, give war or date)	FORCES?	16. SOCIAL SECURITY NO. NONW	17. INFORMANT Beulah May I)iggs 2611 E.	ADDRESS Madison Street
ERTIFICATION	heart failurinjury or DISEASES RISE TO TUNDERLY	LEADING TO DEA' not mean the mode re, asthenia, etc. It mea complication which ANTECEDENT CAUS SOR CONDITIONS, 1 HE ABOVE CAUSE (A) YING CONDITION LA III IGNIFICANT COND	ms the disease aused death SES FANY, GIVII STATING TO	(B)	et du		
L	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE				RATION		20. AUTOPSY?
EDICA	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., about home, farm, factory, etreet, office bldg.				B or 21c. WHERE DIE etc.) INJURY OCCURT		yES NO 4, give exact location)
M	21D. TIME (DF INJURY	Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK NOT WHILE WORK		NJURY OCCUR?	
2 T1	22. I hereby deceased all 23A. SIGNAT	TURE 248 DATE	, 19	deceased from / / and that death occur	rred at 5-50 m., f 23B. ADDRESS ERY OR CREMATORY : Cem.	to 3//J, 19 from the causes and on 24b. LOCATION (City, to) Green mount Ave	wn, or county) (State)
	ATE RECEIVED OCAL REGIST	RAR	S SIGNATI	Williams, Ha	5. Funeral Direct Schimunek Fun 2601-0	2.0	ADDRESS Street
	VS 150	,		of the state of the state			920



51. 2084

159

BIRTH NO. 51-04588	CERTIFICATI	E OF DEATH	Registered No.
1. NAME OF DECEASED (Type or Print) SIMON	Baby girl		2. DATE OF DEATH 3-4-51
a. Baltimore City, Maryland B. FULL NAME OF (If not in hospita	al or institution, give street address or	A. STATE	re deceased lived. If institution; residence B. COUNTY before admission)
HOSPITAL OR INSTITUTION FRANKLIN S	I QUARE	BAITO. Md.	tside corporate limits, write RURAL and give township)
Length of stay in Baltimore	Yrs, Mos, Days	D. STREET ADDRESS (If run	
5. SEX 6. COLOR OR RACE FEMALE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	3-1-51	AGE (In years Il Under Year It Under 24 Hours Index Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore)	gn country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME 9EORGE SIMOI	4	14. MOTHER'S MAIDEN NAM	AFFER
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates	forces? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
ODISEASE OR CONDITION ILEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which can ANTECEDENT CAUS	DIRECTLY I'H f dying, e.g., (A) sthe disease, aused death.) DUE TO	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS UNDERLYING CONDITION LAS UNDERLYING CONDITION LAS UNDERLYING CONDITIONS II OTHER SIGNIFICANT CONDITIONS	STATING THE DUE TO		
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT IT TO THE DISEASE OR CONDITION	TIONS CON- NOT RELATED	matuuti	
J 19A. DATE OF OPERATION 19	BB. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B, PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		n Baltimore City, give exact location)
21b. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK		OCCUR?
22. I hereby certify that I atte deceased alive on March 1 23A. SIGNATURE	anded the deceased from no., 1957, and that death occur	rred at 9 '- m., from the 23B. ADDRESS	causes and on the date stated above
24A. BURIAL, CREMA. 24B. DATE TIOM REMOVAL (Specify)	24C. NAME OF CEMETE 5/ JOLY CRO	Pranklin Squares of CRY OR CREMATORY (24D. LOC 35 CFM A	A Co. (State)
DATE RECEIVED BY REGISTRAR'S	S SIGNATURE O	Benund 6 44	aboress Jr
VS 150	S. S		159

correct age is especially important. Physicians: please write the calmer of dealin memory

tisy or the car terral department is a factor of Account CERTIFICATE OF BEATER

51 2085

BIRTH NO.			CERTIFICATI	E OF DEAT	'H Register	ed No.
1. NAME OF C (Type or Print)	DECEASED	MARY	J.	DAVIS	2. DATE OF DEATH Ma	rch 2, 1951
	City, Maryland				ENCE (Where deceased live	d. If institution: residence
B. FULL NAME HOSPITAL OR INSTITUTION	University		ion, give street address or location)	c. CITY OR TOWN	(If outside corporate l	limits, write RURAL and give township)
Length of s	stay in Baltimore		Yrs. Mos. Days	918 Wes	et Clay Street	
Female	6. COLOR OR RACE Colored		E. MARRIED.	Nov. 5,		Months Days Hours Min.
10A. USUAL OC vork done during most	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	Waverl	State or foreign country) y, Va.	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S I	lber Davis			14. MOTHER'S M. Magg:	ie Davis	
15. WAS DECEAS (Yes, no or unknown) Yes	(If you, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Rec. Dep	t. Fort Geo.	Meade, Md.
Z DISEASE	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)					
OTHER S	SIGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D			
	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
UNDERLYIN UTING D Z 21D. TIME OF INJURY	NAL CAUSE WAS G M OR CONTRIB. TAUSE OF DEATH. (Month) (Day) (Year)	about home, for Str	CE OF INJURY (e.g., in arm, factory, street, office bldg., el eet 21E. INJURY OCCURRE	U.S. Rt.#	PR? 1-Harward-Howard NULLY OCCUR?	
22. I certi	idence obtained by ath in my opinion	Am. gc of the said Auto	remains described a psy, Inspection or I:	bove, held an Aunquiry, find that	Autopsy, Inspection or Inqui	thereon and from the day stated above, undetermined .
24A. BURIAL. C TION, REMOVAL (S Buria	CREMA 246, DATE		National	D. MEDICAL INV	ESTIGATOR	March 3, 1951 own, or county) (State)
DATE RECEIVE		SIGNATU		Charles		address
V S 151	N828.2	· Ti	Termine of			1700

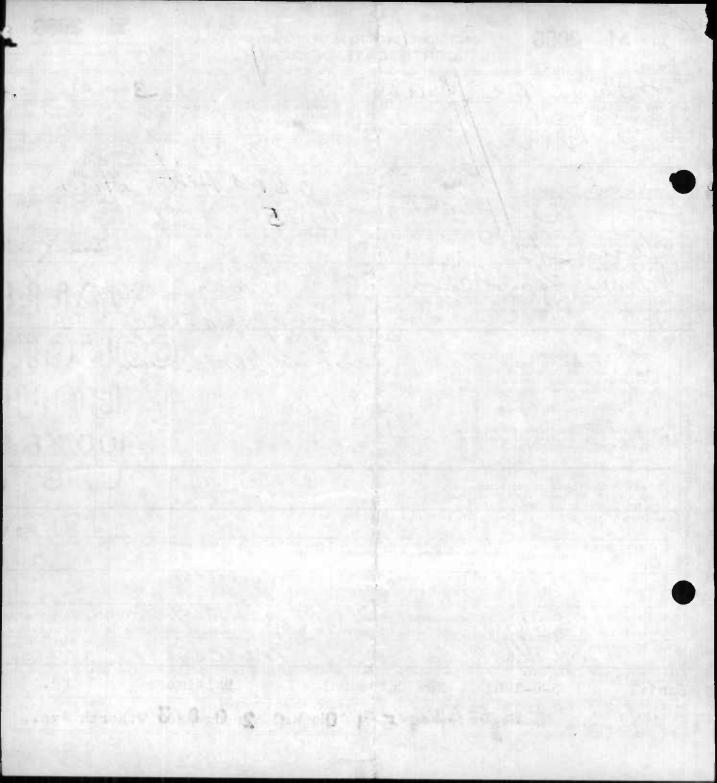
tod. Dept. Tory and Equality Mi. Town state it to fine it is the state of the

51 2086

BIRTH NO.	ERTIFICAT	E OF DEATI	Regis	stered No
1. NAME OF DECEASED (Type of Print) MC	Luick		2. DATE OF DEATH	3.2.57
3. PLACE OF DEATH: A. Baltimore City, Maryland		A. STATE	NCE (Where deceased	lived. If institution: residence JNTY before admission)
e, FULL NAME OF Alf not in hospital or institution HOSPITAL OR INSTITUTION	n, give street address or location)		alls de corpor	rate limits, write RURAL and give township)
Cength of stay in Baltimore	Jo-Yrs. Mos. Days	D. STREET ADDRE	3 Hillo	Matter.
5. SEX 6. COLOR OR RACE 7. SINGLE. WIDOWE	MARRIED, D. DIVORCED (Specify)	1/9/05	9. AGE (In last birth	vears if Under I Year day) Months Days Hours Min.
10A. USUXL OCCUPATION (Givekind of 10B. KIND (work done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY		tate or foreign country	12 CITIZEN OF
13. FATHER'S NAME Hawles		14. MOTHER'S MA	DEN NAME	in mininh.
(Yes, oo or onkoowo) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT George E. M.	Gener 2613	ADDRESS HILTONSY
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (B) DUE TO (C)	wbid/16	lemone	onset and death
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. MAJOR F	INDINGS OF OPER	RATION		YES NO
II = 1 21A. ACCIDENT WAS UNDER. 21B. PLAC	E OF INJURY (e. g., i m,factory,street,office bldg.,	etc.) 21c. WHERE D		e City, give exact location)
PF INJURY	E. INJURY OCCURR ILE AT NOT WHILE ORK AT WORK		INJURY OCCUR?	
22. I hereby certify that I attended the d	eceased from 3/	1/5/3/19 rred at 9 30m.,	, to 3/2/3	, 19, that I last saw the
deceased alive on 3/2/5/, 19 an 23A. SIGNATURE		23B. ADDRESS	from the cduses a	nd on the date stated above
24A. BURIAL, CREMA- 24B. DATE 24		ry or CREMATORY	Baltimore	
DATE RECEIVED BY REGISTRAR'S SIGNATURE MARS - 1051	May HA	25. FUNERAL DIR	rong 6200	W. North Ave.,
VS 150	To the salker			930

correct age is especially important. Thysicians: please write the causes of death clearly lind less

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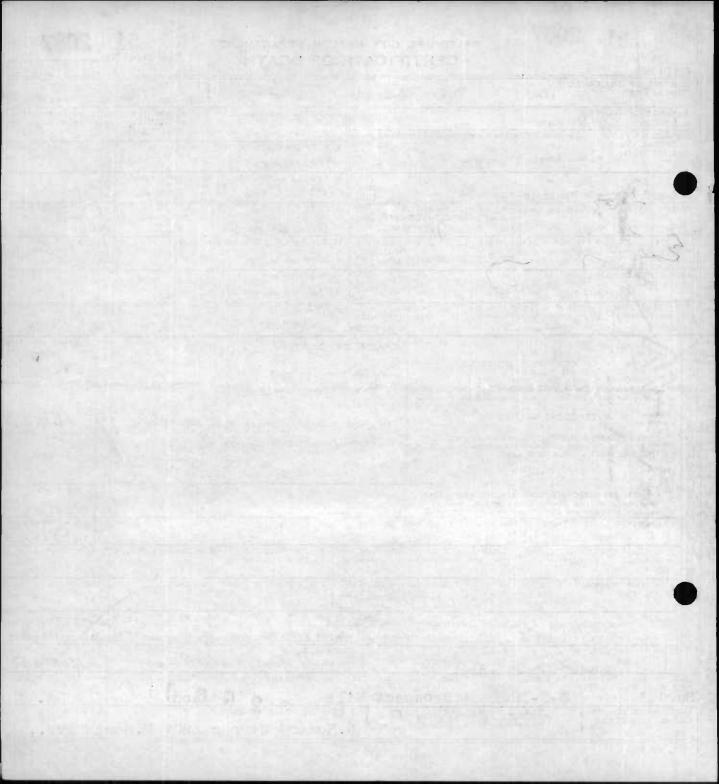


correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VANE

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.			CERTIFICATI	E OF	DEATH	Registered	NO	
1. NAME OF C (Type or Print)	PECEASEO YAN E	9	has Gagar	. L.	(Senior)	2. DATE OF OEATH MA	RC4 2 1	957
A. Baltimore	City, Maryland			4. USI		(Where deceased lived. I		residence re admission)
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit		ion, give street address or location)	C. CIT		(If outside corporate lim	its, write RU	RAL and give
25 4	wrech thate a	YOSPITAL			TIMORE 1	8 1-6	7	
c. Length of s	tay in Baltimore	Life	Yrs. Mos. Days	705		If rural, give location) Terre Avenue		
5. SEX Male	6. COLOR OR RACE	WIDOW	E. MARRIED, VED, DIVORCED (Specify). 1 A-A-N-1-ED		E OF BIRTH	9. AGE (In years last hirthday)	Il Under 1 Year Ionths Days	Hours Min.
10A. USUAL OC	CUPATION (Give kind of of working life, even if retired)			11. BIF	RTHPLACE (State of		12. CITIZI WHAT	COUNTRY
13, FATHER'S	NAME		(10)		THER'S MAIDEN	NAME		
MR.	FLOYD. UM	VE	1270025	1155	Lucy (HOWERS		
15. WAS DECEAS (Yes, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO. 215-05-690		FORMANT PATIENT	6	ADDRESS	
18. 116 7			CAUSE	OF DE	ATH			VAL BETWEEN
	SE OR CONDITION LEADING TO DEA	TH	CARCIN	OMA	TOSIS		ONSET	*
heart failt	s not mean the mode oure, asthenia, etc. It mes complication which	ins the diseas	se,		•••••			***************************************
	ANTECEDENT CAUS	SES	4050	n Car	PEINOWA C	E SALLUARY	1	5 MONTES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ADENO CARCINOMA OF SALIVARY DUE TO CARCINOMA OF SALIVARY DUE TO CARCINOMA OF SALIVARY DUE TO CARCINOMA OF SALIVARY								
OTHER :	11		_ (C)					
M TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	ŁD .					
19A. OATE		~ ~ ~	FINDINGS OF OPER	RATION			20. A	AUTOPSY?
(1)	ENT. SUICIOE, (Specify)		ACE OF INJURY (e. g., i farm, factory, atreet, office bldg.,		URY OCCUR?	(If in Baltimore City,	give exact	location)
21b. TIME OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK		F. HOW DID INJU	JRY OCCUR?		
22 I homel	has contifee that I at	m.	deceased from MNU	BRY	10 TH 105/ to	MARCH 2 196	51 that 11	not can th
deceased a	live on MARCH,	_, 19 <u>57</u>	and that death accur	rred at	1.00 Am., from	n the causes and on	the date st	ated above
234.5)GNA		Lin	1 : 2	ADD	ORESS AF INTHE T	HOSPITAZ	23c. OA	TE SIGNED
24A. VBURIAL. TION, REMOVAL (S Burial	CREMA- Specify) 3-5-19		Prospect H:			LOCATION (City, tow		(State) Md.
DATE RECEIVE	D BY REGISTRAR			25. FÚ	NERAL OINECTO	ng 3207 W.N	AOORES	5
MAR5-1	9571	6 .		A . TION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TR OCOT W. N	OF GIT A	vo.,
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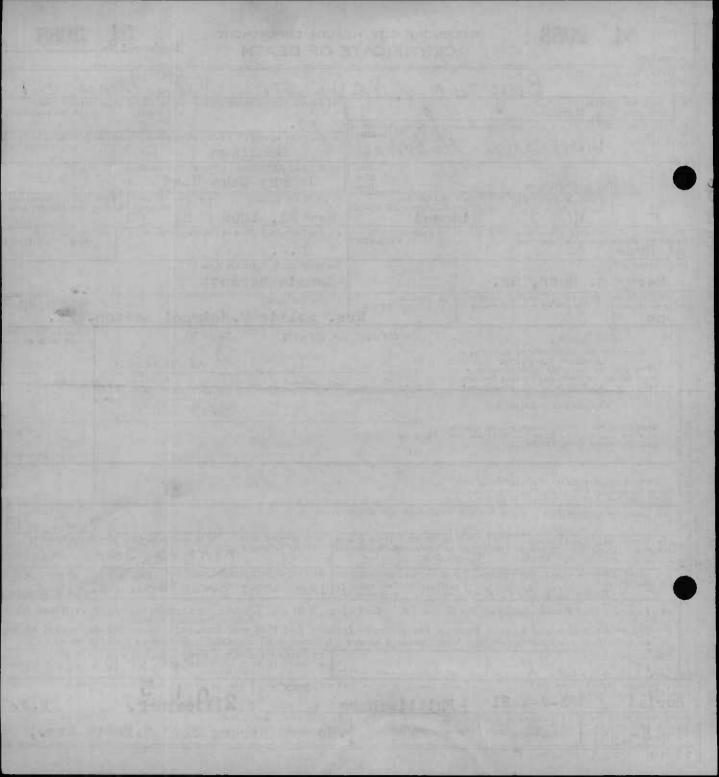


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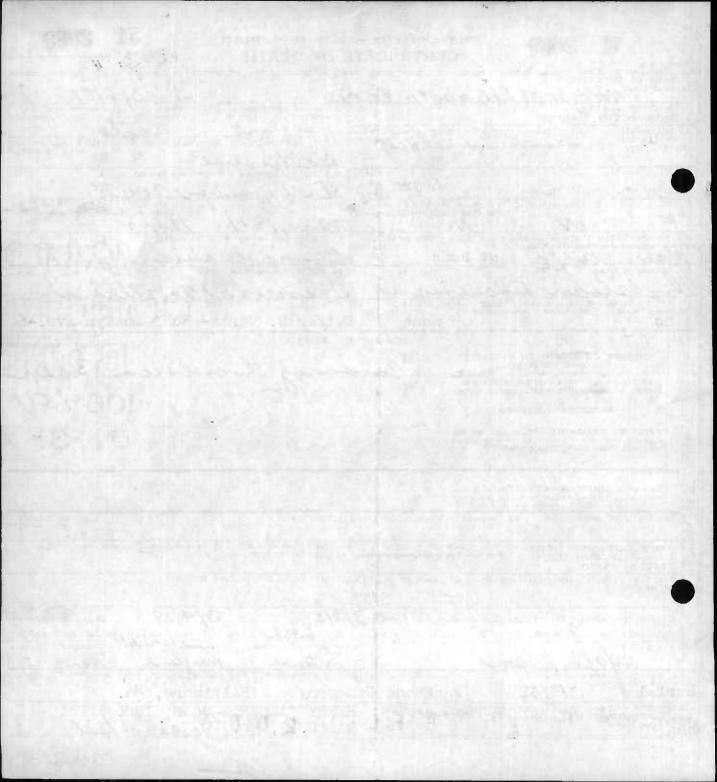
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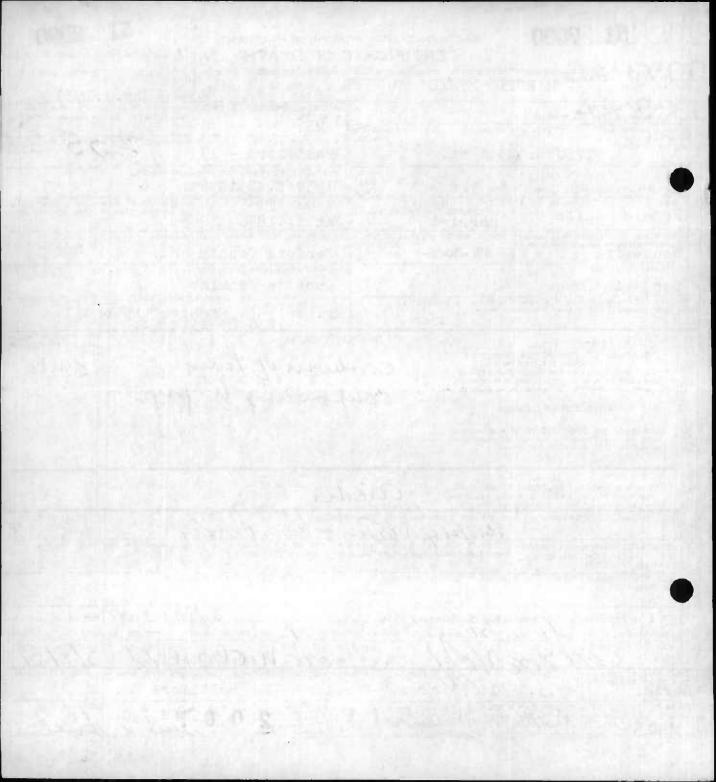
51 2089 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	CERTIFICATI	E OF DEAT	H Registered	No.
1. NAME OF DECEASED			2. DATE	
(Type or Print) Margaret Eliza	beth Yor	is	OF DEATH 3/	4/51
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDI	B. COUNTY	f institution : residence before admission)
B. FULL NAME OF (If not in hospital or institut HOSPITAL OR INSTITUTION	ion, give street address or location)	C. CITY OF TOWN	(If outside corporate limit	ts, write RURAL and give
the state of the s		Baltin	ane	township)
ength of stay in Baltimore	60yrs Mos.	D. STREET ADDRE	(If rural, give location)	6200
5. SEX 6. COLOR OR RACE 7. SINGLE	E. MARRIED.	8. DATE OF BIRTH		If Under 1 Year If Under 24 Hours
FIN	/ED, DIVORCED (Specify)	Oct 25, 18	79 7/ mas	onths Days Hours Min.
work done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME at h	ome	Penns	yevania	USA
Christian Brene	man	14. MOTHER'S MA	Da I Month	lina
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	, and the same of	ADDRESS
no	none	Luther C.	Voris- 8062 Ro	slyn Ave6
18. 420.1	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. s	Pare	enany Z	Lugulasia	38100
heart failure, asthenia, etc. It means the diseas injury or complication which caused death	e,	0		
ANTECEDENT CAUSES				34074664
DISEASES OR CONDITIONS, IF ANY, GIVIN	(B)	•••••••••••••••••••••••••••••••••••••••		
DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	HE DUE TO			
	(C)			
OTHER SIGNIFICANT CONDITIONS CON	. 19 H. A.			
TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING I	D			
	FINDINGS OF OPER	ATION		20, AUTOPSY?
▼	ACE OF INJURY (e. g., in	a or 21c. WHERE D	ID (If in Baltimore City,	YES NO
	farm, factory, street, office bldg., e			give exact location)
	21E. INJURY OCCURRI	ED 21F. HOW DID	INJURY OCCUR?	
	WHILE AT NOT WHILE			
22. I hereby certify that I attended the				_, that I last saw the
deceased alive on March 4, 195/.	and that death occur	red at 8.451 m.	from the equses and on	he date stated above.
23A. SIGNATURE S. Telson	M. D.	Baltimal	18. Musland	Man 4 1951
TION, REMOVAL (Specify)	24c. NAME OF CEMETE		240. LOCATION (City, town	
burial / 3/8/51 .	Parkwood Cen	netery	Baltimore, Md.	
LOCAL REGISTRAR REGISTRAR'S SIGNATURE	RELIEF / Par	IEN RYES AND	EROS SONS, INC.	ADDRESS
WAR 5 - 1937 1.	7 2 4 4	SALTO. 13, 4	De Theere of.	feel
VS 150				94a
				1700



51 2090 Registered No.

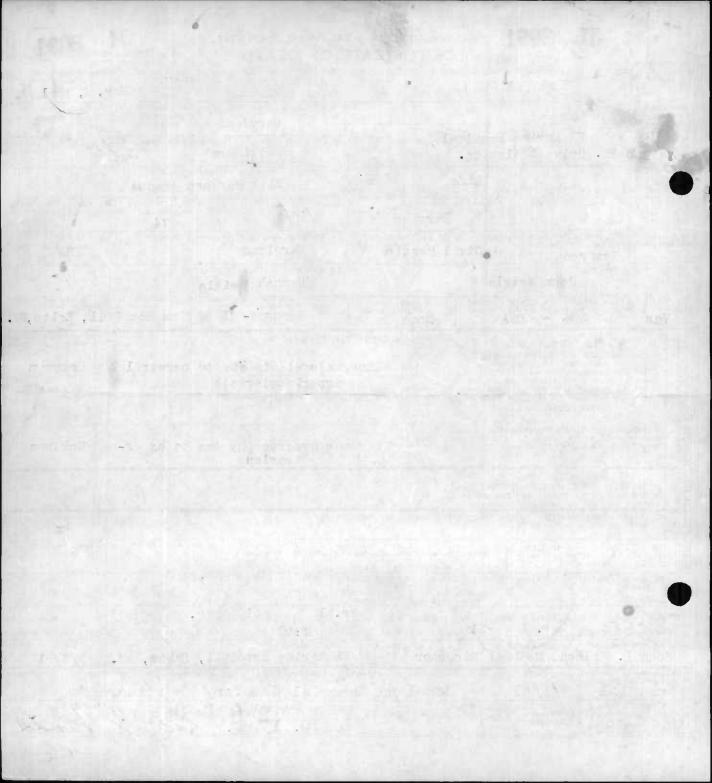
В	IRTH NO.			CERTIFICATI	E OF DEATH	atogistered .			
	NAME OF DE	MARG:	ie et	HEL NACHTE	R	2. DATE OF DEATH Mar	1.1951		
	Baltimore C	EATH: City, Maryland			4. USUAL RESIDENCE A. STATE				
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION 1750 E. 25th St.									
	0			Yrs.	D. STREET ADDRESS				
Length of stay in Baltimore 40 yrs Mos. Days					1750 E. 25th St.				
Female White T. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married				ED, DIVORCED (Specify)	B. DATE OF BIRTH Jan. 11. 1896		W Under 1 Year onths Days Hours Min.		
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife at home				INDUSTRY	Harford County, Md. 12. CITIZEN OF WHAT COUNTRY				
	FATHER'S N				14. MOTHER'S MAIDEN				
	Benjami				Lucetta Jen	kins			
(Ye	e, no or unknown)	D EVER IN U.S. ARMER (If yea, give war nr date	FORCES?	security no.	Mr. Lewis L.	Nachter (Hu	spand)		
	(This does heart failur injury or	E OR CONDITION LEADING TO DEA not mean the mode or re, asthenia, etc. It mea complication which of	FH f dying, e.g ns the disease aused dcath.	(A) Civ	liveis of Le Jinued Cey.	biofasy,	INTERVAL BETWEEN ONSET AND DEATH		
CERTIFICATION	RISE TO TH	OR CONDITIONS, II HE ABOVE CAUSE (A) ING CONDITION LA	STATING TH						
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION							
_	19A. DATE O	F OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION A		20. AUTOPSY?		
EDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factor, atreet, office bidg., etc.) CAUSE OF DEATH YES NO								
Σ		Month) (Day) (Year)	JRY OCCUR?						
		y certify that I att		deceased fromand that death occur	red at 7 7, m., from	3 / , 195 n the causes and on t	7, that I last saw the		
	23A. SIGNAT	MATTE	Ma	A M. D.		lecel GG	3/2/57		
B	4A. BURIAL. CON, REMOVAL (S)	Mar.5.1	951 4:	Parkwood Cer	netery B	altimore Md	•		
	MAR 5 - 1		SIGNATU	liam, Hal	HENRY SANDER Baltimore	SONS.INC	ADDRESS . LOCAL		
	VS 150	. 18 . 25.		Malescare to test			1243		



51 2091 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 2091

BIRTH NO.						
	DECEASED HENRY W	EIGLE	0		2. DATE OF DEATH Mar	. 2, 1951
3. PLACE OF DEATH: a. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Marine Hospital location)				4. USUAL RESIDENCE (VA. STATE Maryland	Where deceased lived, If in B. COUNTY	stitution: residence before admission)
HOSPITAL O	Pk. Drive & 3	Hospit 1st St.	al location)	c. CITY OR TOWN (III Baltimore	outside eorpopere limits,	write RURAL and give township)
	f stay in Baltimore	Life	Yrs.	o. STREET ADDRESS (If 2112 Hari	rural, give location) ford Avenue	
5. SEX	6.COLOR OR RACE		E, MARRIED. PED DIVORCED (Specify)	8. DATE OF BIRTH 8/16/76		he Days Hours Min.
10A. USUAL work done during m	OCCUPATION (Give kind of nost of working life, even if retired) Retired		o of Business or	11. BIRTHPLACE (State or for Maryl and	1	2. CITIZEN OF WHAT COUNTRYS
13. FATHER	John Wei			14. MOTHER'S MAIDEN N Hannah Weig		P
15. WAS DECE (Yes, no or unkno Yes		D FORCES?	16. SOCIAL SECURITY NO. Non 6	17. INFORMANT Records- US	Marine Hospita	DRESS
18.	EASE OR CONDITION	33 V)	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND OFATH
(This d	LEADING TO DEA does not mean the mode of ailure, asthenia, etc. It mes or complication which	TH of dying, e.g ins the diseas	e, (A)	phalomalacia due arteriosclerosis	*******************************	Unknown
	ANTECEDENT CAUS		., 502 10			
F RISE TO	SES OR CONDITIONS, I O THE ABOVE CAUSE (A) RLYING CONDITION LA	STATING TH	IE OUE TO	iac hypertrophy d	ue to hyper-	Unkn own
W TRIBUT	SIGNIFICANT CONDING TO THE OBATH, BUT DISEASE OF CONDITION	NOT RELATE	D			
. 19A. DATI			FINDINGS OF OPER	ATION		20. AUTOPSY?
LYING D	OR CONTRIBUTING		CE OF INJURY (e. g., iz arm, factory, street, office bldg., e	n or 21c. WHERE DID ()	If in Baltimore City, giv	
21b. TIME	(Month) (Day) (Year		21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	Y OCCUR?	
22. I her	cby certify that I at	cnded the	deceased from Ma	r. 1 , 19 51/to M red at 8:50 Am., from t	ar. 2 , 1951,	that I last saw the
23A. SIGN		101	1) USBN 2	38. ADDRESS US Marine Hospita		23c. DATE SIGNED 3/2/51
24A. BURIAL TION, REMOVAL Bur	L (Specify)		24c. NAME OF CEMETER	RY OR CREMATORY 24D. L morial Cemeter	OCATION (City, town, or	county) (State)
DATE RECEI LOCAL REGI MAR 5 -	VED BY REGISTRAR	SISIGNATA	RE LANGE	HENRY SAMERE &	Osons, INC	Musle
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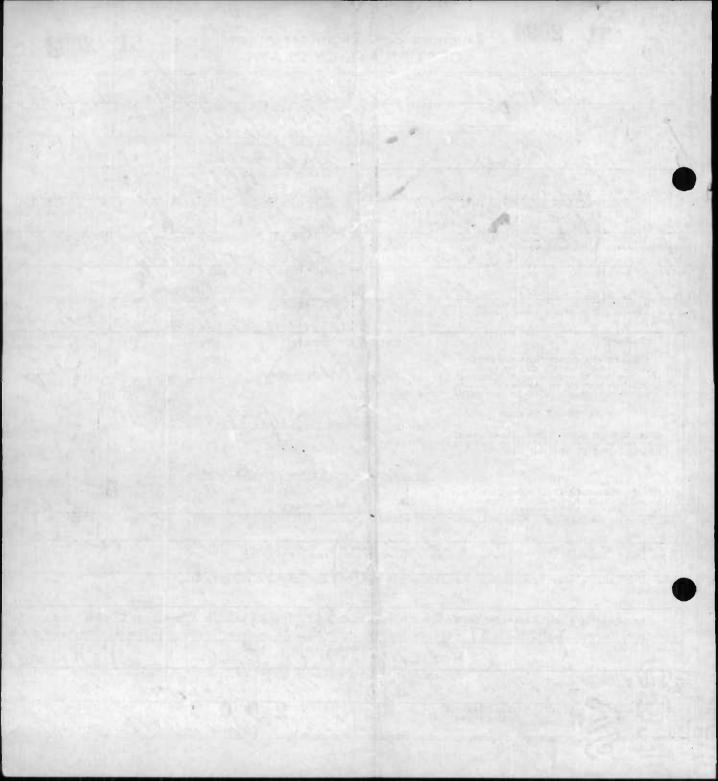


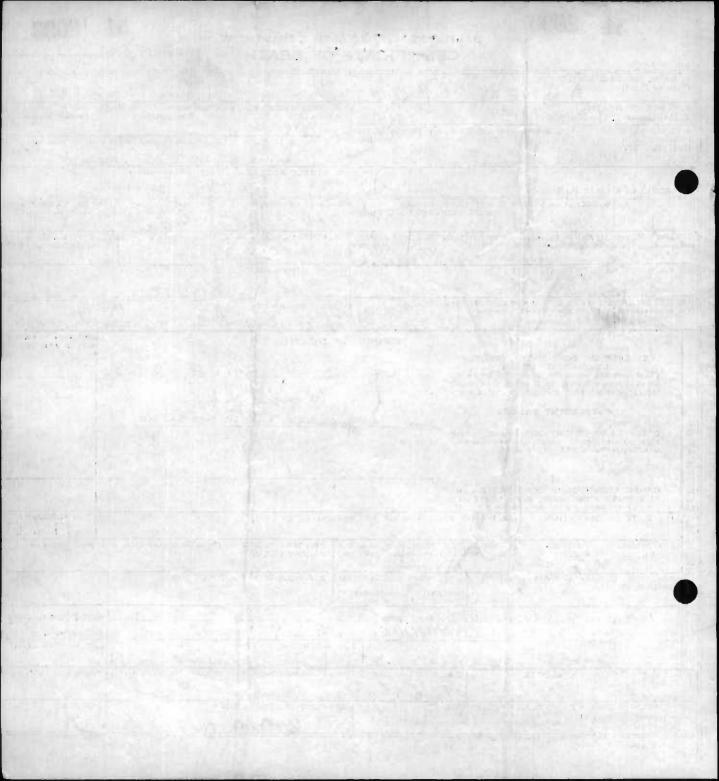
-460 51 2092

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 2092

	BI	RTH NO.	L OI BEATTI	la .	
		NAME OF DECEASED Melia	iller	DENTA (arch)	2.1951
	Α.	PLACE OF DEATH: Baltimore City, Maryland	A. STATE	Where deceased lived. If institut B. COUNTY	ion: residence before admission)
	HO	FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION The street address or location locat		outside corporate limits, write	RORKL and give township)
		1223 fleer of Yrs.	D. STREET ADDRESS AIR	Aural, give location	
		Longth of stay in Baltimore Mos. Days	1223 Mil	est pt	
1	te	Male Mill The Thingle, MARRIED (Specify)	8 BATE OF BIRTH	9. AGE (In year) Under I Ye last biriday) Months D	ays Hours Min.
	work	A. USUAL OCCUPATION Give kind of 10B KIND OF BUSINESS OR INDUSTRY	BIRTHPLACE (State or E		TIZEN OF HAT COUNTRY?
4		FATHER'S NAME	14. MOTHER'S MAIDEN N	AME	
	_	Gustian & Hoch		Known	
	(Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (If yes, give war or dates of service) (If yes, give war or dates of service)	Cowins Bl	Willer, 1223 /	Elen 8+
			OF DEATH		SET AND DEATH
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	Usemia		Edays
		ANTECEDENT CAUSES	l. 2.11-1		3
	NOIL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	w. paper		
	RTIFICA		arten ele	oi-	2
		OTHER SIGNIFICANT CONDITIONS CON-	0.0		5
	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	RATION		O, AUTOPSY?
	AF			Y	ES NO
T	1EDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about home, farm, factory, atreet, office bldg.,		If in Baltimore City, give ex	ict location)
		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF FINJURY WHILE AT HOT WHILE MORK AT WORK		Y OCCUR?	
1		22. I hereby certify that I attended the deceased from	23/m 1951, to	2 kmsl, 1957, that	
3		deceased alive on 1951, and that death occu	23B ADDRESS	he causes and on the dat	PATE SIGNED
00	75	4A) BURIAL GREMA- 24B. DATE 24C. NAME OF CEMETI		OCATION (City, town, or con	State)
	TH	Mus 3/5/5/ Quelin	ors May De	Chimos 11	
7700		ATE RECEIVED BY LEGISTRAR'S SIGNATURE	25 EUNERAL DILETAR	3/2/1/ For	el S
		VS 150		4	83
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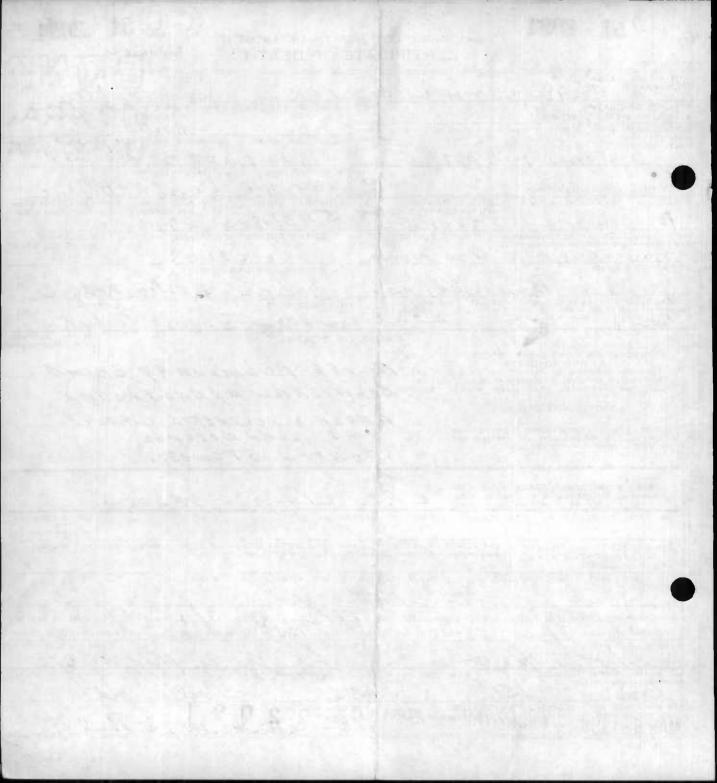


62351 2094

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

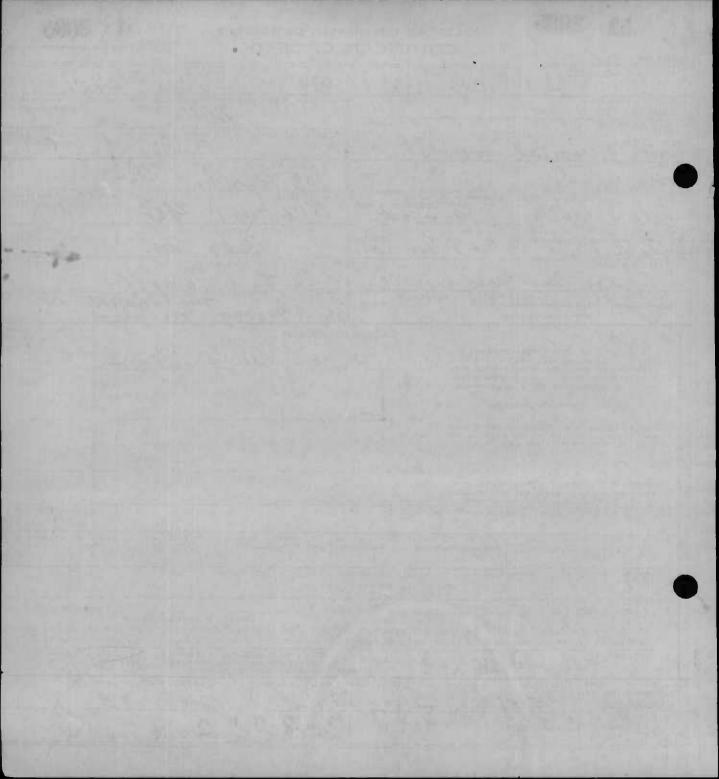
51. 2094

В	RTH NO.			CERTIFICAT	E OF DEATH	Registered	No.
	NAME OF D	40	3 6 7	H BREW	SEER	2. DATE OF 3/	2151
	PLACE OF D			7 311 12 60	4. USUAL RESIDENCE		
H	SPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN	BALTO	/
11	STITUTION 51.	agnes H	os P		BALTIU	IURE	26-0 (pwnship)
	ength of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)	2257
	SEX	6. COLOR DR RACE	7. SINGLE	, MARRIED.	8. DATE OF BIRTH	9. AGE (in years)	If Under T Year If Under 24 Hours
	E	White	MA	PED, DIVORCED (Specify)	5/13/1843	last hirthday) (8	Months Days Hours Min.
10 worl	A. USUAL OC	CUPATION (Give kind of of working life, sven if retired)	108. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
	11	eWIEF	Ou	n Home	SCOTC	AUD.	WHAT COUNTRY?
13	. FATHER'S				SC Of C.	NAME	
	Dece.	asen Thom	440 5	alters	2ºceAS.	= D Helen	Rodgers
(Ye	. WAS DECEAS	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No		_		ames Breus Te	34038.2	rachard st
	18.	4	72.1	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY				DNSET AND DEATH
		LEADING TO DEA	TH	AC	ISE MILL		Guerra
	heart failu	re, asthenia, etc. It mea	ns the diseas	e, (A)e,	ISE PULM	J. W. Fit. L. C. S.	CNEMIT
	injury or	complication which c	aused death	DUE TO SIL	ATERAL N	YPROTH	ORAX
		ANTECEDENT CAUS	SES				
O	DISEASE	S OR CONDITIONS, I	- 4414		EALD SCLE		PRIC
	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO UK	5 CULBA 1	118EASE	
FICATI	UNDERLY	ING CONDITION LA	ST.	(c)	Apric ST	ENACIC	
F				770	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 20 00 73	
RTI	OTHER	II IGNIFICANT CONDI	TIONS SOL	TO A STATE OF THE			
CER	TRIBUTING	TO THE DEATH, BUT	NOT RELATE		LIVER +	CDICA	
U	1 · · · · · · · · · · · · · · · · · · ·	ISEASE OR CONDITION				- 07-688	
기	19A. DATE C	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
CA	01. 10015		1 21n Pl /	CE OF INTURY (4	~ 216 WHERE DID	(M in Baltimona City	YES NO
EDI		PENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in arm,factory,street,office bidg.,e		(If in Baltimore City,	, give exact location)
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
	F INJURY		m.	WHILE AT NOT WHILE			
	22. I hereb	y certify that I att	ended the	deceased from 2	//6 . 1957 to	3/1 196	that I last saw the
н					red at /1:15 m., from	the causes and on	the date stated shows
	23A, SIGNA	TURE		2 2			23c. DATE SIGNED
	/11	and The	N	61.	LA Can	1 - 11 - 1	7/2/00/
24	A. BURJAL,	REMA- 24B. DATE	- /		RY OR GREMATORY 24D.	LOCATION (City, triw	n, or gounty) (State)
-FHG	N. REMOVAL (S	3/6/	1	2-0	4	B ort	2. 6
-	SU714	2 / '	0/	Jack	76,	oallo.	ua.
	TE RECEIVE	RAR	Auren I til I I	RE LILLA PLAN ()	25 FUNERAL DIRECTOR	0	ADDRESS
	MAR 5 -	1951 mine	ALL INTE		4- Cook Juc	1217 5.1	and J.
	VS 150	9	1143				<u> </u>
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51 2095 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE NAME OF DECEASED (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limit write bolk I and give C CITY OR TOWN Luion . (If rural, give location) Yrs. D. STREET ADDRESS Sastle # ava Mos. length of stay in Baltimore Days 9. AGE (In yours If Under 1 1881 II Under 1 1881 II Under 1 1881 II Under 1 1881 II Under 1 II Unde 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. II Under 24 Hours WIDOWED DIVORCED Married 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of IOB, KIND OF BUSINESS OR WHAT COUNTRY of long during most of working life, even if retired) Salto. Splicer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASE EVER IN U. S. ARMED FORCES? 16 SOCIAL 17. INFORMANT (If yes, give war or dates of service) SECURITY NO. 10 INTERVAL BETWEEN 1B. 420,1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION NO P 21c. WHERE DID 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK thereon and from 22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23c. DATE SIGNED 238. CHIEF MEDICAL EXAMINER 23A. SIGNATUR ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL (CREMA-24B, DATE DATE RECEIVED BY REGISTRAR 25. PUNEBAL DIRECTOR LOCAL REGISTRAR

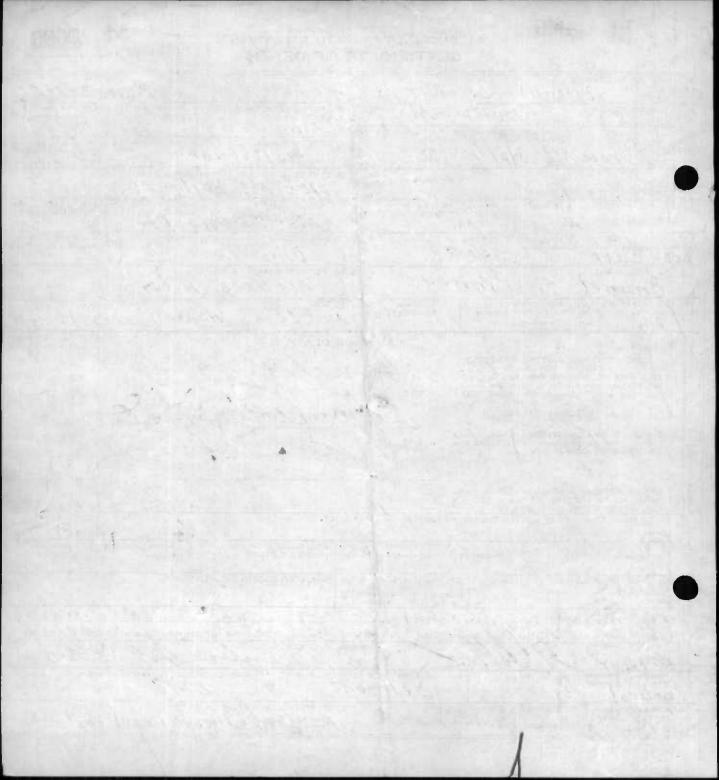
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 2096 Registered No.

BIRTH NO.	RIIFICATI	OF DEATH	Registered	110
1. NAME OF DECEASED (Type or Print) William C. X	inney		2. DATE OF DEATH	ar. 3-1951
a. Baltimore City, Maryland Balto B. FULL NAME OF (If not in hospital or institution, gi	Mol. 7	4. USUAL RESIDENCE A. STATE MO.	(Where deceased lived, B. COUNTY	If institution: residence before admission)
HOSPITAL OR INSTITUTION 100 ME HOLLY	location)			ite write RURAL and give township)
c. Length of stay in Baltimore	Yrs. Mos. Days	1100 ME	Holly St	
M. 6. COLOR OR RACE 7. SINGLE, MAI WIDOWED, D	RRIED. IVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of tob. KIND OF E work doing during pool of working life, even if retired) REC. CIETA. 3+0 R.	NDUSTRY	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Emmet R. Kinne	y	14. MOTHER'S MAIDEN Meliss	a Wilson	7
	SOCIAL SECURITY NO.	Miss 2 Chel	W. Abell.	ADDRESS 1013 SX Vaul
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	DUE TO	eriepch	moxes?	INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 19B. MAJOR FINI	DINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT, SUICIDE. 21B. PLACE C	FINJURY (e. g., interpretation of the street, office bldg., e	or 21c. WHERE DID	(If in Baltimore City	y, give exact location)
DF INJURY while m. while work 22. I hereby certify that I attended the dece	ased from 3-1	7. 4 19_, to	3-5.,19	, that I last saw the
23A. SIGNATURE A CILLURO	м. д.	56 // Cul	m the causes and and the causes are caused and the causes and the	the date stated above. 23c. DATE SIGNED. 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3
TION, REMOVAL (Specify) 3/5/51	13 e/mo	nt	Ohio	•
DATE RECEIVED BY LOCAL REGISTRAR MAR 5 - 1951	ins, here	W ZOOK O	^	st Bul SX
				A



22. I hereby certify that I attended the deceased from February 22, 1951, to March 3, 1951, that I last saw the deceased alive on March 3, 1951, and that death occurred at 3:20p m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED

24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify)

FEB. 6, 1951 SACRED HEART OF MARY

DUNDALK, BALTO. Co.

March 3 157

NO

DATE RECEIVED BY LOCAL REGISTRAR MAR 5 - 195

DURIAL

important.

especially

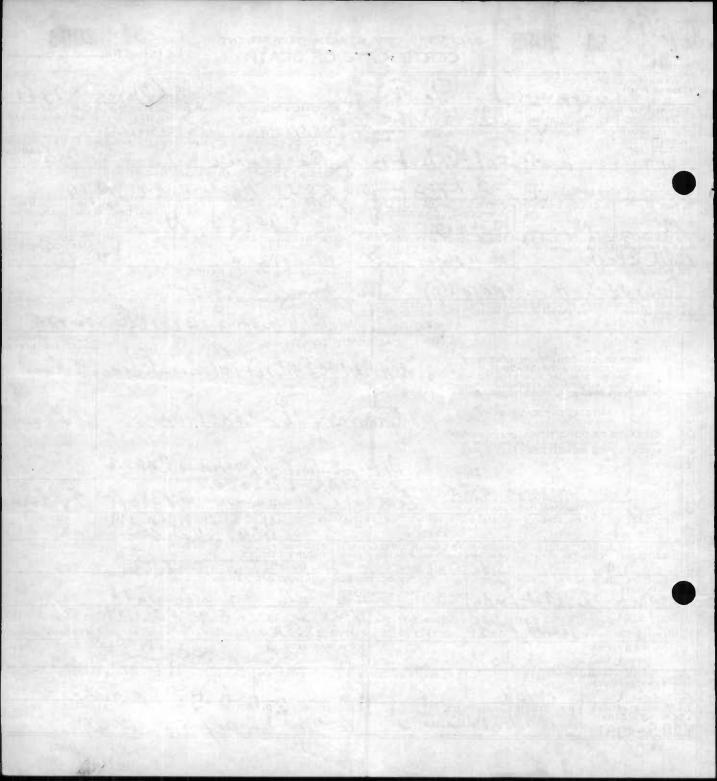
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REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR JOBK AND. 1217

ADDRESS

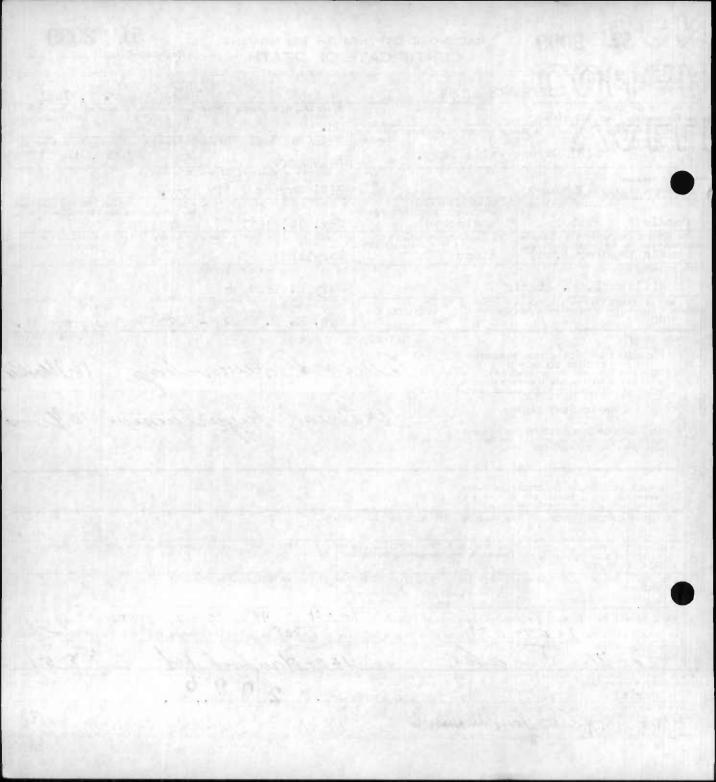
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65°51 2099 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2099 Registered No.

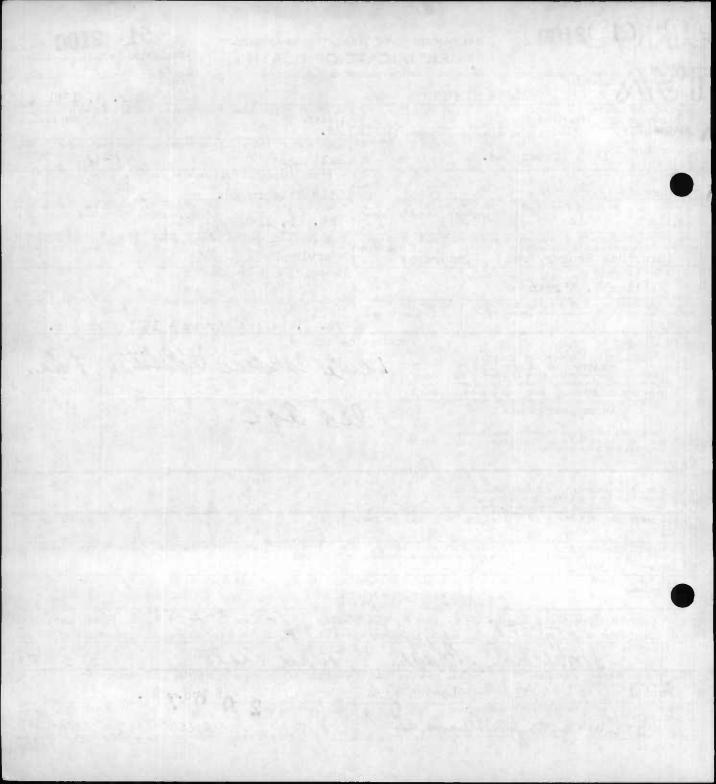
BIRTH NO.	CERTII ICATI	OI BLAIN		
1. NAME OF DECEASED (Type or Print) FLORE	NCE BROWN		2. DATE OF DEATH Ma	r. 2, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital	or institution, give street address or	4. USUAL RESIDENCE (W)		
HOSPITAL OR	Falls Pkwy.		utside corporate limit	s, write RURAL and give
Cength of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If ro		
female 6.COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 13, 1871	9. AGE (In years H	Under I Year nths Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MUSIC teacher (rtd)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland	eign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
William L. P. Riggir		Mary C. Throppe		
(Yes, no or unknown) (If yes, give war or dates or	of service) SECURITY NO.	17. INFORMANT		DDRESS
18. 33/X	no	Mrs. E. H. Shaw	- 2200 Pop	lar Grove St.
heart failure, asthenia, etc. It means injury or complication which can antecedent cause of the complex of the	ANY, GIVING TO DUE TO CO. (C)		ulaze	
TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION OF	OT RELATED			
19A. DATE OF OPERATION 19	B. MAJOR FINDINGS OF OPER	ATION		YES NO W
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		in Baltimore City, g	rive exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE m. WHILE AT NOT WHILE AT WORK		OCCUR?	
deceased alive on 2 - 2 7-,	1951. and that death occur	red at 7.70 Pm., from th	2 - 2 , 19 5 e causes and on th	I that I last saw the ne date stated above.
23A. SIGNATURE Pe	ake M.D.	38. ADDRESS	MA	23c. DATE SIGNED
24a. BURIAL. CREMA- TION, REMOVAL (Specify) Burial 3/5/51/	Loudon Park	000	CATION (City, town,	or county) (State)
DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR'S	SIGNATURE AND	25 JUNERAL DIRECTOR	lener & Si	ADDRESS Salto
VS 150	A Complete		8	×3a 1114.



\$\\\ 65051 2100 BALTIMORE CITY HEALTH DEPARTMENT

51 2100 Registered No.

BIRTH NO.	TE OF BEATTI
1. NAME OF DECEASED (Type or Print)	2. DATE
WALTER KIRWAN	DEATH Mar. 2, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address	or Md.
HOSPITAL OR locatio	C. CITY OR TOWN (If outside corporate nimes, write netral and give
1455 Kitmore Rd.	Baltimore 27-09 township)
Yrs Mos	
ength of stay in Baltimore Day	1 3 4 C C T 1 D 2
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Special	(y) Feb. 11. 1860 9. AGE (In years of Under 1 Year of Under 24 Hours of Months Days Hours Min.
male white widowed (Speci	Feb. 11, 1860 91 Min.
10A. USUAL OCCUPATION (Give kind of or the state of the s	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
Insurance Broker (rtd) Insurance	Maryland WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William T. Kirwan	?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	
	Mr. J. Dallas Kirwan - 1511 Park Ave.
75410	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ut Cardiac Dustalian 7 De
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	Cute Cardiac Vilstotin 7 ds.
ANTECEDENT CAUSES	Old Add
Z DISEASES OR CONDITIONS, IF ANY, GIVING	old age.
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OP	ERATION 20. AUTOPSY?
A P	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bld	
CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUP	RRED 21F, HOW DID INJURY OCCUR?
F INJURY WHILE AT NOT WHI	
m. WORK AT WOR	к 🔲 [
22. I hereby certify that I attended the deceased from	1950, to 3-2-51, 19 , that I last saw the
deceased alive on 19 and that death occ	
23A. SIGNATURE MULLA . C. Blake M. D.	ned at 3-3-5/
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETION, REMOVAL (Specify)	TERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 3/5/51 Loudon Park	Balton Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR MAR 5 - 1951 Tunturity Miliams Mar	20: FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS
VS 150	a - mak



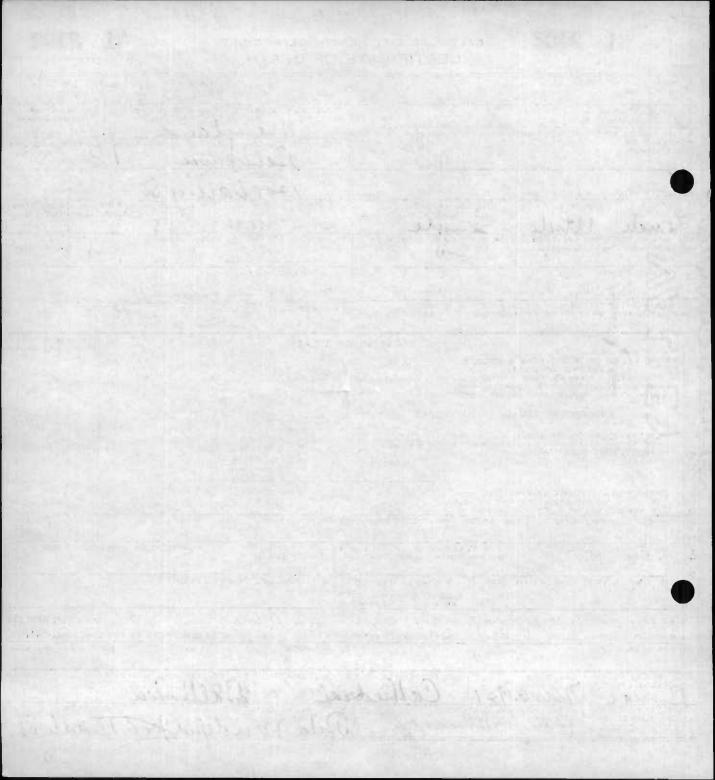
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2101

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Frederick. M. Shapco7	2. DATE. OF
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before admission
HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write AURAL) and of we have a companied to the companied of the companied to th
St. Agnes Hospital	o. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore Mos. Days	3901 DOR FIRID AVE
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year I fl Under 24 Hours Months: Days Hours Min
10A, USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Shapcott	Sarah mose
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
no	Mrs. Gertrude Shapcott - 3901 Dolfield A
イナン へ	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	PERTENSIVE CAPPIO -
heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) OUE TO	SCOLAN DISENSE E
	UTE CONGESTIVE FAILURE
Z DISEASES OR CONDITIONS, IF ANY, GIVING	ore condition from
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	Edit Sel carsis de la
(C)	EMIOSCLEPOSIS-GENERAPLICED
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE GISEASE OR CONDITION CAUSING IT.	nowary Emphyseux
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., e	or 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	INJURY OCCUR?
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from 2	128, 195, to 3/2, 195, that I last saw the
	red at 8.50 m., from the causes and on the date stated above
Go an H. Alley M.O.	38. ADDRESS 23C. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 240. LOCATION (City, town, or county), (State)
Removal - 3/6/51 New Freedom C	
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE.	25. FUNERAL DIRECTOR
- MAR 5 - 1951	solver. I summer a story
VS 150	o / gar ballo, Ma.

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234 Sister Mechtilda	dee SACRE COEWR (LANGEN)
5 2 5 51. 2102 BALTIMORE CITY HE. CERTIFICATE	
1. NAME OF DECEASED (Type or Print)	2. DATE 4 had 1957
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived! If institution: residence
A. Baltimore City, Maryland 200 Vallay 2- B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	A. STATE Maryland before admission)
INSTITUTION STATES OF THE COLUMN	C. CITY OR JOWN (If outside corporate limits with 1901), and give township)
Yrs. Mos.	D. STREET ADDRESS (if rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIPOWED, DIVORCED (Specify)	8. DATE OF BIRTH S. AGE (In years H Under I Year H Under 24 Hours last birthday) Months; Days Hours: Min.
Jemale Wille Suigle 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) INDUSTRY	6 men to be WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 15. SOCIAL	17. INFORMANT DDRESS
(Yes, no or unknown) (If yes, give war or dates of pervice) SECURITY NO.	Little Sustans of the od
1 10 1	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	cinoma 2t Greast 2 yis
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES (B) Mela	aslasis in Liver 6 mondis
DISEASES OR CONDITIONS, IF ANY, GIVING F RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
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OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERA	ATION 20, AUTOPSY?
21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in	
HOMICIDE (Specify) about bome, farm, factory, street, office bldg., et	
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22. I hereby certify that I attended the deceased from gar	10 , 195), to Meh 4-, 1951, that I last saw the
deceased alive on 10 cm 3-, 1957, and that death occurr	red at $9 - 2.5 \text{ Å}$ m., from the causes and on the date stated above.
Co Till Hall Mit M. D.	16318 North and mais 1951
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25 FUNERAL DIRECTOR ADDRESS
MAK 5 - 19511	Vila Wildifed Joo G. Biddle St
VS 150	50

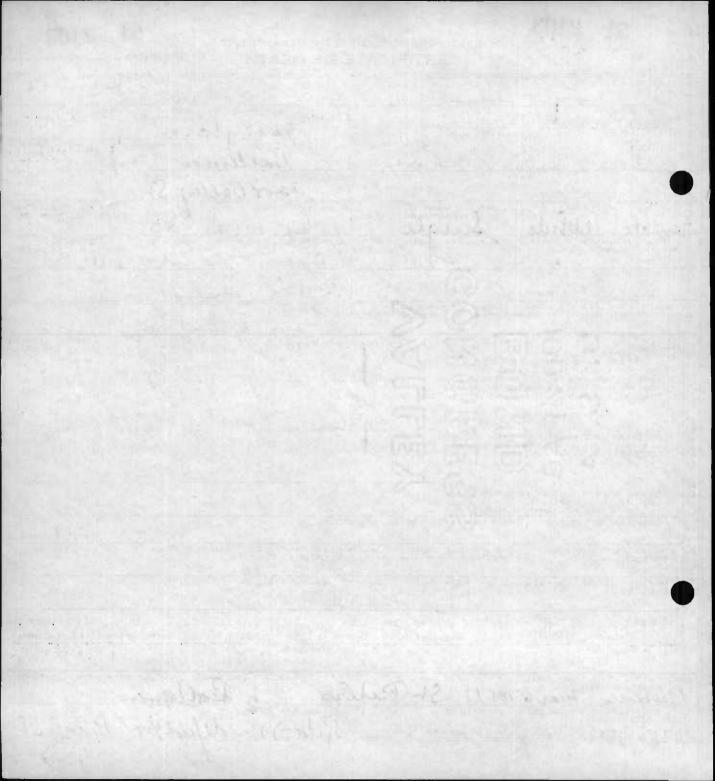


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2103

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF - 0 1 10 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland 1200 Vall B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or aud B. FULL NAME OF HOSPITAL OR location' (If outside corporate limits write RUPAL and give to waship) C. CITY OR TOWN INSTITUTION 121016 D. STREET ADDRESS (If rural, give location) Yrs. Mos. 12001 e Length of stay in Baltimore Days AGE (In years | Monder | Year | Monder 24 Hours | Months Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR IV. BIRTHPLACE (State or foreign country) 12 CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 12 allemose 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 19A. DATE OF OPERATION EDICA 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 2 IC. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY NOT WHILE! WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from Fiel-1-, 1931, to Mch 4 , 1931, that I last saw the deccased alive on Mch 4-, 1951, and that death occurred at 1-260 m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 16 3 18. North are mach 5-1901 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial 5. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR MAR 5 - 1

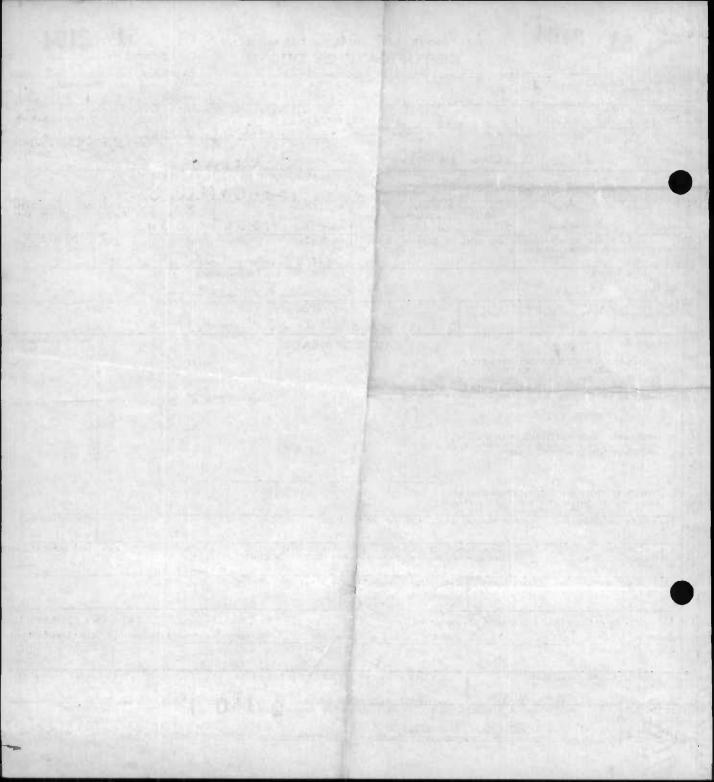


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BALTIMORE CITY HEALTH DEPARTMENT

51 2104 Registered No.

BII	RTH NO.	E OF DEATH	
1.	NAME OF DECEASED pe or Print)	2. DATE SAA OF DEATH 9 5	13/1/51
Α.	PLACE OF DEATH: Baltimore City, Maryland 2 0 0 ll., c FULL NAME OF (If not in hospital or institution, give attrect address or	A. USUAL RESIDENCE (Where deceased lived, If institute a. STATE B. COUNTY	tution: residence before admission)
HC	SPITAL OR STITUTION Little Section (150 Pm)	C. CITY OR TOWN (Is outside corporate line)	ite RUNA) and give lownship)
	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)	
5.	SEX 6. COLOR OR RACE 7. SINGLE MARRIED. WIDOWED, PIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) Months	Days Hours Min.
10 work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15 (Yes	VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT 9 119. A The OTHER PROPERTY.	≀ESS
	18. 11 2 7 1 CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) DUE TO	hronic My ocardelis	ONSET AND DEATH
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	rleno Sclesosis	10 yrs
ш	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED		
AL C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
EDICA	21a. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg.,		exact location)
Ĉ	FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK AT WORK		
	22. I hereby certify that I attended the deceased from.	ec 10, 1950, to Mch 1, 1951, to rred at 9-30 m., from the causes and on the c	hat I last saw the late stated above.
	23A. SIGNATURE & Gell Hall MA M.D.	163 18. North and 17	nch 2-1951
710 TIC	A. BURIAL, CREMA- IN, REMOVAL (Specify) March 5 195) Creen by	Jours! Ballinon	
DA LC	TE RECEIVED BY REGISTRAR'S SIGNATURE	Riva Wiedeleld 900	6 Bedales
1	VS 150	Ü	000



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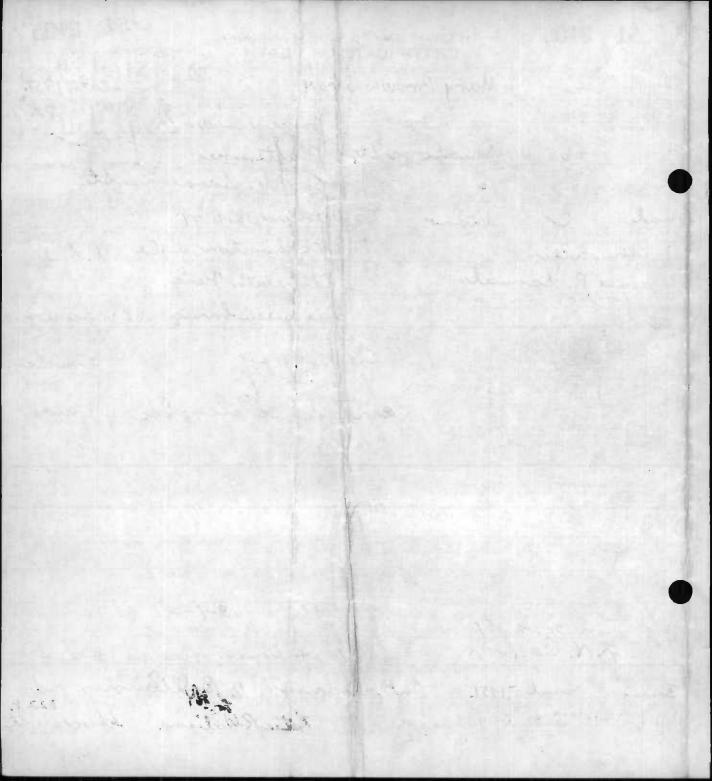
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Mary Brown Gray (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate I mits, write RUPAL and give C. CITY OR TOWN INSTITUTION cogra unous Yrs. D. STREET ADDRESS (Af rural, give location) Mos. ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (in years If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Widow 10A. USUAL OCCUPATION (Give kind of CE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Thousewif 13. FATHER'S NAME ames 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 18. CAUSE OF INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED W TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? DICAL YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE AT WORK WORK au 25 - 5 to 3-/- 19 that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 3-/-14 / and that death occurred at m., from the causes and on the date stated above.

23c. DATE SIGNED

BURIAL, CREMA TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR

24D. LOCATION (City, town, or county)

DATE RECEIVED BY MARS - 1951

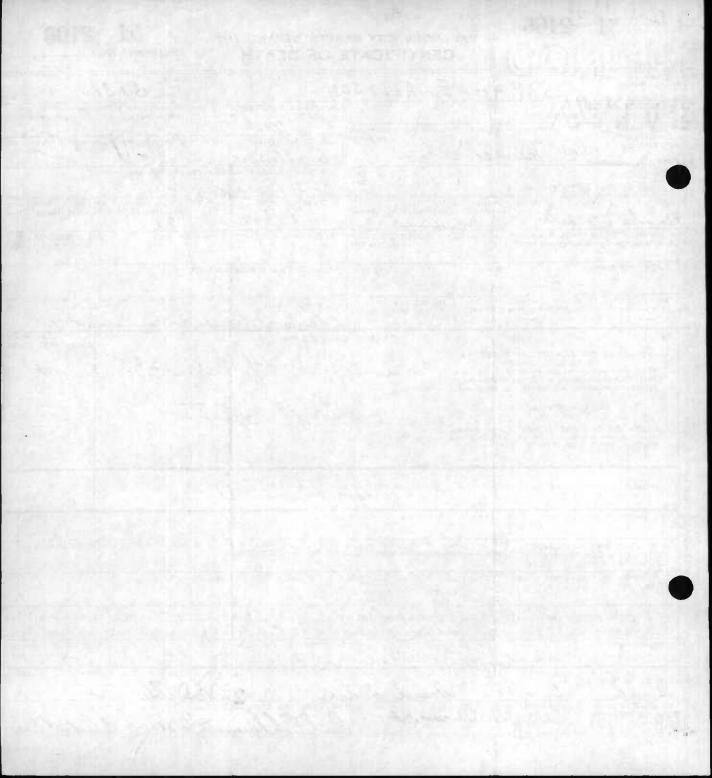


4425₅₁ 2106

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2106 Registered No.

	IRTH NO.						
(1	NAME OF D Type or Print)	SAI	RAH	E ALLIS	ON	2. DATE OF DEATH 3	13/51
A.		City, Maryland	oital or inetitut	ion, give street address or	A. STATE	ENCE (Where deceased lived B. COUNTY	
H	OSPITAL OR	4613 /Zes		location)		1-	mile, weite WURAL and give township)
	Length of st	tay in Baltimore		Yrs. Mos. Days	11112 18	ESS (If rural, give location)	
Ü	Female	6. COLOR OR RAC	WIDOW	E. MARRIED. VED. DIVORCED (Specify)	8. DATE OF BIRTH		Months Days Hours Min.
wor	A. USUAL OC	CUPATION (Give kind f working life, even if retire	of 10B, KIND	O OF BUSINESS OR INDUSTRY		State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S N	IAME ?			14. MOTHER'S MA	IDEN NAME	
15 (Ye	. WAS DECEASE s, no or unknown)	D EVER IN U. S. ARM (If yes, give war or de	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Alleran de 4613	ADDRESS
RTIFICATION	(This does heart failur injury or DISEASES RISE TO TH	E OR CONDITION LEADING TO DE not mean the mode re, asthenia, etc. It m complication which ANTECEDENT CAU OR CONDITIONS, HE ABOVE CAUSE (A ING CONDITION	ATH of dying, e. geans the diseas caused death JSES IF ANY, GIVIN) STATING TH	(B) Gene	of DEATH icinsma of nalized	Leves with	INTERVAL BETWEEN ONSET AND DEATH
CER	TRIBUTING TO THE OI	IGNIFICANT CONI	NOT RELATE	ellusion	devotes C	JD.	
SAL	19A, DATE O	F OPERATION O	19B, MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICA	21A. ACCIDI LYING OR CAUSE OF I	ENT WAS UNDER- CONTRIBUTING [DEATH		ACE OF INJURY (e. g., i arm, factory, street, office bldg.,		ID (If in Baltimore Cit.	y, give exact location)
	210. TIME (Month) (Day) (Yea		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F, HOW DID	INJURY OCCUR?	
24	deceased all	URE Sawwar	ttended the	deceased from and that death occur	red at 10 P.m. 38. ADDRESS 37/	to 3 -3, 19, from the causes and or	the date stated above. 23c. DATE SIGNED 3-3-5
	ATE RECEIVED	3/6/ BY REGISTRAL	75/ R'S SIGNATU		25. FUNERAL DIR Paul Elshe	Personale mount of 3615-13	ADDRESS
	VS 150					J. Committee of the com	46F



51. 2107 BALTIMORE CITY HEALTH DEPARTMENT

51. 2107
Registered No.

BIRTH NO.	ATE OF DEATH
1. NAME OF DECEASED (Type or Print) allyander H.	icles DATE DEATHMENT 4, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address local	ss or c. CITY OR TOWN (If outside corporate limits write HURAL and give
10 1210 Harlem and	Balto (6 township)
	rs. D. STREET ADDRESS (If rural, give location)
	ays 1210 Harlem avel 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year II Under 24 Hours
WIDOWED, DIVORCED (Sp	ecify) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS O	R 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) INDUS	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Lervie Hi-ler
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY N	17. INFORMANT ADDRESS
SEGGIIII	Lessie Henry 1210 Harlem are
18. 00 2 X , CAU	E OF DEATH 0 INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY) D 1 0 . 3
(This does not mean the mode of dying, e.g., (A)	ulmonary reherculous;
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
O DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
, 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	PERATION 20. AUTOPSY?
TY CONTRACTOR OF THE PROPERTY	YES NO L
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office	o.g., in or 21C. WHERE DID (If in Baltimore City, give exact location) bldg., etc.)
SID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCC	URRED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT W	
22. I hereby certify that I attended the deceased from_	200 18, 1950, to Mar 4, 19, that I last saw the
	ccurred at 4 m., from the causes and on the date stated above.
260 SIGNATURE Suppered M.D	23B. ADDRESS 23C. PATE SIGNED 3/5/57
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CENTION, REMOVAL (Specify)	ETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	1 2 FUNERAMPIRATOR ADDRESS
MAR 5-1951 when for Williams, His	Jus S-Kelson 1303 Presstman st
VS 150	120
	1212

De Depard 604 n. Fultura

BALTIMORE CITY HEALTH DEPARTMENT

51. 2108 Registered No.

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED	2. DATE
(Type or Print)	DEATH WARCH 1 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
29 novident Hasp.	Bally 13-01
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	621 Cumberland
5. SEX 6. COLOR OR RACE 7. SINOLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours: Min.
TICIW	aug 25 1890 60
10A. USUAL OCCUPATION (Give kind of the first state	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
House whe	and What sountry
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Wise	Eliabeth Div
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS.
(11 yes, give war or dates of service) SECURITY NO.	Charles Wetts 172 mentes la det
18. / C3.V CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	and all mineral a
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	(over)
Injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) (C) (I) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
 	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	
CAUSE OF DEATH	
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from	2-27 -, 1957, to 3-1-, 1957, that I last saw the
	rred at
	23B. ADDRESS 23C. DATE SIGNED
AUNG LOS T M. D.	15-19 Dunester of 3-3-57
24A. BURIAL, CREMA- 24B. DATE 24E. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Bund (Specify) 3-5-51.	his and
DATE RECEIVED BY REGISTRAR'S SIGNATURE	29 FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	MI BUILD BOND L
	Man M. Musin 303 Messiman M
VS 150	1/1 00
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DO NOT COPY
For Statistical Purposes Only:

"Evidence of malignancy of lower G. I. Tract" See Document File 51-2108 3/13/51

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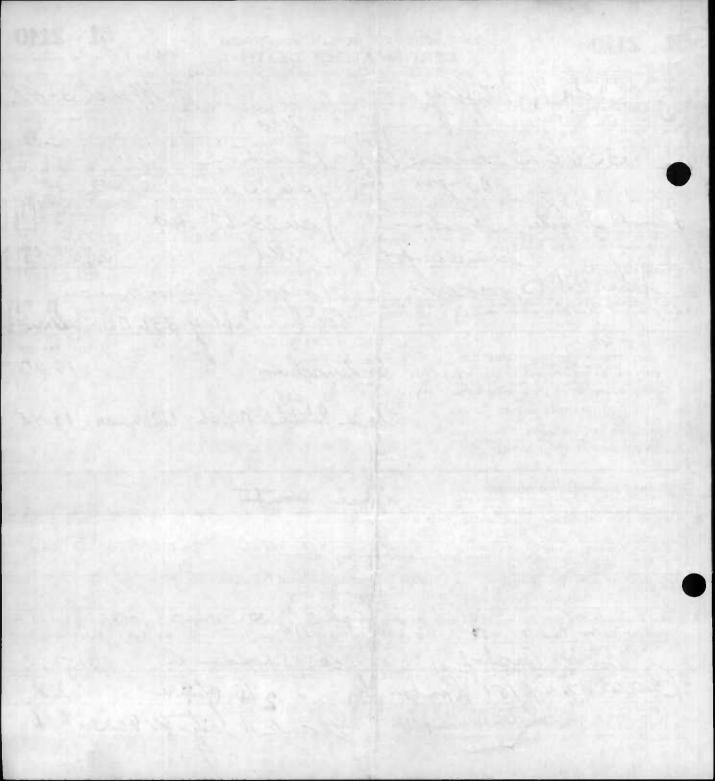
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2109

Registered No. BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) ARGENT L. JEFFRIES DEATH 3. PLACE OF DEATH. A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OF TOWN (If outside corporate Imits, write RUBAL and give INSTITUTION Yrs. (If rural give location) D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE SINGLE, MARRIED, WOOWED, DIVORCED, (Specify) 8. DATE OF BIRTH 9. AGE (In years H Under 1 Year last birthday) Months; Days Hours; Min. narried 108. KIND OF BUSINESS OF 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done dusing most of working life, even if retired) 48 A COUNTRY ill kress Hand 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME leave AB 15. WAS DECEASED EVER IN U. S. MMED FORCES?
(Yes, no or unknown) (If yes, give war of data of service) 16. SOCIAL MANT (Yes. no or unkoown) SECURITY NO. NTERVAL BETWEEN 18. CAUSE OF DEATH DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDICA YES 218. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WORK , 1950, tolerof 4th , 1951, that I last saw the 22. I hereby certify that I attended the deceased from the 12 . 1951, and that death occurred at 5, 3. Am., from the causes and on the date stated above. deceased alive on line with 23A. SIGNATURE 23B. ADDRESS 239. DATE SIGNED 244 OKRIAL, CREMA 24B, DATE 24D. LOCATION (City, town, or county) Jurial DATE RECEIVED BY 25. FUNERAL PRECTOR MAR 5 - 1951 8/4W VS 150

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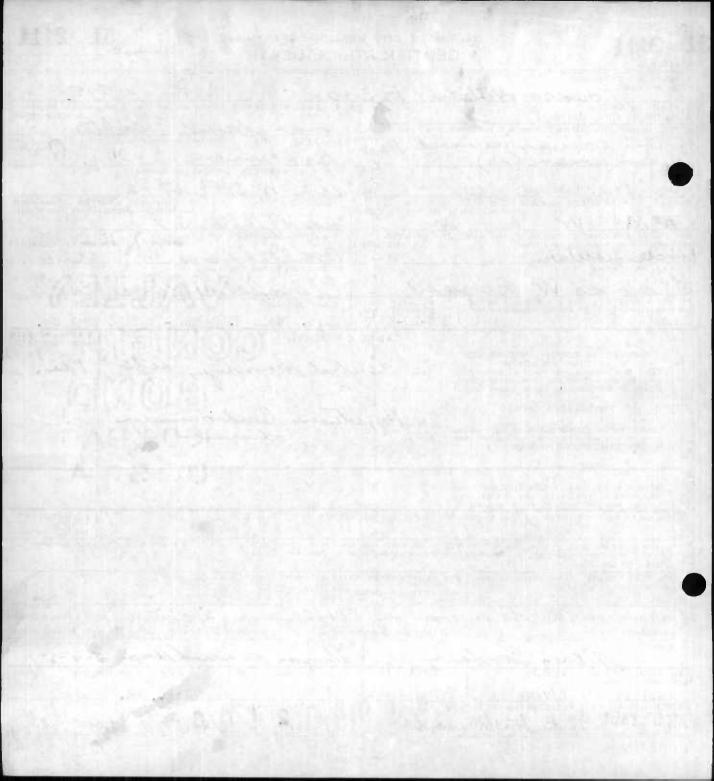
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DESEASED 2. OATE. (Type or Print) OF OEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RU and give INSTITUTION township) (If fufal, give location) Yrs. D. STREET Mos. we dere c. Length of stay in Baltimore Days 6. COLOR OF RACE SINGLE MARRIED 9. AGE (In years last birthday) Months Days Hours Min. Il Under 24 Hours WED, DIVORCED (Specify) hele 10A. USUAL OCCUPATION (Give kind of 199. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF HAT COUNTRY work done during most of working life, even if retired) NDUSTRY rouse we 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes no g unknown) (If yes, give war or dates of service) SECURITY NO. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO home Stutite night , Che Myrule ANTECEDENT CAUSES RTIFICATION OISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. OATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20 AUTOPSY (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIOENT WAS UNDERabout home, farm, factory, street, office hidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE ATT NOT WHILE WORK 1930 to Ment 3 . 1950, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on M. L. . 19 M. and that death occurred at 110 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED BURIAL, CREMA- 248. 2 C NAME OF CEMETERY OR CREMATORY ATION (City, town, or county) TIO BEMOVAL (Specify) UNERAL DIREC AODRESS DATE RECEIVED BY REGISTRAR'S SIGNAT LOCAL REGISTRAR VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

S1 2111 Registered No.

BI	RTH NO.			
	NAME OF DECEASED ype or Print)		2. DATE	- /
	Thomas William Roo	DON	OF DEATH 3/4	-/5/
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (V	Where deceased lived, If inst	itution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	manyla	ua sal	10 1
	STITUTION Il men memoral Hosp	C. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and give
	Ballemane (18)	Baltimo	LILE	L
L	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
-	Length of stay in Baltimore Days	102-W 39	7 11-2	
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Month	or I Year If Under 24 Hours S Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	G 7	CITIZEN OF
work	done during most of working life even if retired)	2 0 4	m	. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN N.	AME	USA
2	Thomas W. Rosen	Plingart	A. 1/2000	way!
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL b, no or unknown) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT	Ø ADDI	RESS
(100	no or unknown) (If yes, give war or dates of servicely SECURITY NO. 21 3-10-5879	Mrs. Vėgla R. I	Rogen - 102 W.	39th St.
		OF DEATH	105 111	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
		bul Kenonto	. Lepl	Ida.
	injury or complication which caused death.) DUE TO	0		
	ANTECEDENT CAUSES	T 0 1	Se see)
NO	DISEASES OR CONDITIONS, IF ANY, GIVING	luser Carde	of versular	
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CA				***************************************
E				
RTI	OTHER SIGNIFICANT CONDITIONS CON-			
O M	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
1	19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
CAI				YES NO
IEDIC	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e		If in Baltimore City, give	exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	Y OCCUR?	
	OF INJURY WHILE AT NOT WHILE			
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			3/4/31, 19_, t	
	deceased alive on, 19, and that death occur		he causes and on the	
	Milar Kongelaga	38 ADDRESS	real Along	3c. DATE SIGNED
24	M. D. A. BURIAL, CREMA- 248, DATE 24C, NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town, or	county) (State)
TIC	N. REMOVAL (Specify)			
DA	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	Balto. Md.	DDRESS /
MA	1875 RE 9578 Mutu of Miliams, Ka	2/m.2/ 12	lover & In	es = balto.
	VS 150	>	a	ond.



(If in Baltimore City, give exact location)

OF INJURY

22. I hereby eartify that I attended the deceased from.

NOT WHILE WHILE AT

1944 to March 3, 195 that I last saw the deceased alige on March 3, 195 1, and that death occurred at 23 Im., from the causes and on the date stated above. 23C. DATE SIGNED

23A SIGNATURE

(ownship)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE

240. LOCATION (City, town, or county)

Burial March 7-1951 Jallemer

ADDRESS

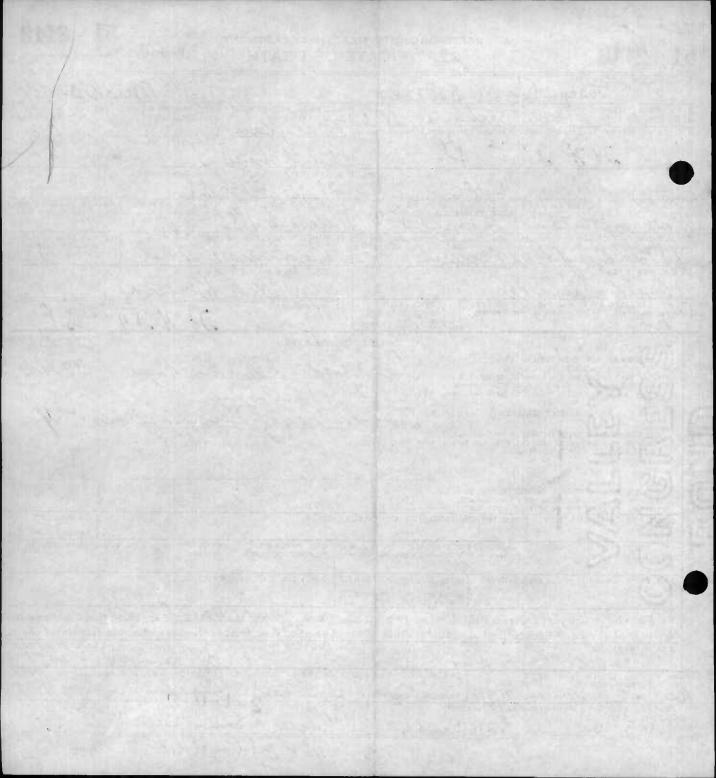
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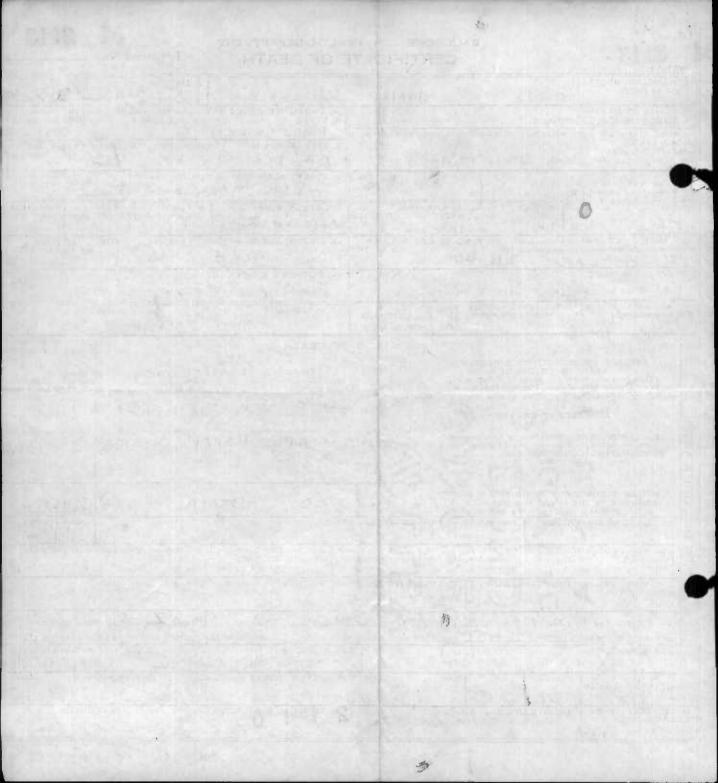
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51 2113

BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF OR.D JAMES LAWRENCE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) MARYLAND B FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limit, write HUK/L and rive INSTITUTION township) BALTIMORE WIED ITT D. STREET ADDRESS (If rural, give location) Yrs. Mos. MARYLAND MUE c. Length of stay in Baltimore Davs 9. AGE (In years II Under I Year last birthday) Months Days Hours Min. 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH MNE 20 850 WHITE MNGLE 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of worklog life, even if retired) INDUSTRY WHAT COUNTRY? BALTIMORE aM DELF EMPLOYED 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TRUCKTRANS. MR. NICITOLMS FORD 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yee, give war or dates of service) SECURITY NO. NO -07-6223 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY STEWOSIL LEADING TO DEATH Y INJUFFIENCY (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) RICUSPID IN SUFFICIENTEN ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RHEUMATIC ITEMPT DISEMF RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 about OTHER SIGNIFICANT CONDITIONS CON-CHRDIAC TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., io or 21c. WHERE DID HOMICIDE (Specify) aboot home, farm, factory, street, office hidg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK AT WORK MARCH 2 1951, that I last saw the 22. I hereby certify that I attended the deceased from JAN 24, 1951, to deceased alive on MARCH 2, 1951, and that death occurred at_ _m., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED INRCH IMETICATION 24A. BURIAL. CREMA-TION BEMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24B. DATE 240. LOCATION (City, town, or county) DURIA ehas 5 DATE RECEIVED BY 5. FONERAL DIRECTOR REGISTRAR'S. ADDRESS LOCAL REGISTRAR

VS 150

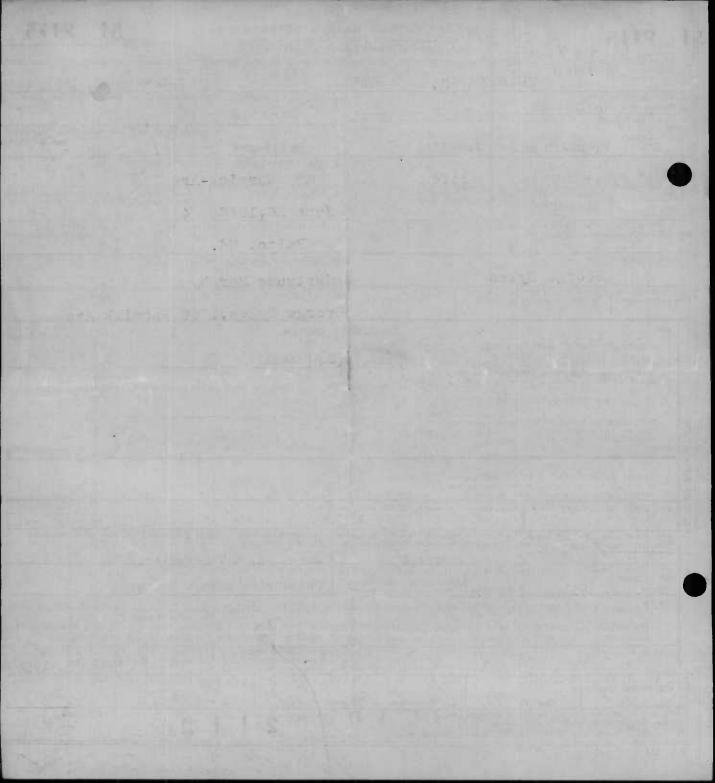


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1		17 d L /V	· day	all ot		o. STREET ADDRESS	(If rural, give locati	ion)	-
		stay in Baltimor		ifl_	Mos. Days	1422 W.	Fagette	St	_
5.	FEX	6. COLOR OR RA	7. SINGL	WED, DIVORCED	(Specify)	man - 12-19	9. AGE (In ye last birthda	ears	1.
10. work	done during me	occupation (Give ki et of working life, even if ref	ind of 10B. KIN	D OF BUSINESS	OR I	1. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY	- Y?
13.	FATHER'S		11	THE STATE OF THE S	. 1	4. MOTHER'S MAIDE	N NAME		_
15	Wite Breef	Un	Know			Unkno	ner		
(Yes	, no or uokoow	SED EVER IN U. S. Al	RMED FORCES?	16. SOCIAL SECURITY	NO.	7. INFORMANT	Inda-	ADDRESS	_
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1		OF OPERATION		FINDINGS OF				20. AUTOPSY?	
EDICA	LYING	IDENT WAS UNDE		ACE OF INJURY farm, factory, street, offi			(If in Baltimore	YES NO City, give exact location)	2
Ď	21D. TIME OF INJUR	(Month) (Day) (Y	(Hour)		T WHILE		JURY OCCUR?		-
	22. I here	cby certify that I	attended the	deceased from	Porc	LZ, 195/, to	m the saves and	, 19 -7 , that I last saw th I on the date stated above	he
1	23A. SIGN	ATURE #	Leto 11		238	ADDRESS	he.	23C2DATE SIGNED	
24 TIO	A. BURIAL, N. REMOVAL	CREMA- (Specify)	E - 5/	24c. NAME OF CI	EMETERY	OR CREMATORY 24	O. LOCATION (City	v, town, or county) (State)	-
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-	RTH NO.	5097)								
	ype or Print)	ECEASED	TIMOTHY	0		SYKES	3		2. DATE OF DEATH Ma	rch 2	1951
	PLACE OF D			0	•		4. USUAL RESIDI	ENCE (W	here deceased live	d. If insti	tution : residence
		OF f not in		stitution,	give stree	t address or	A. STATE Maryl	and	B. COUNT	Y	before admission
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	1/4	Franklin	Square	Hospi	tal		Baltime		1 4	1	township
				2:0		Yrs. Mos.	D. STREET ADDRI			1)	•
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	Male	Colore	To F	IDOWED.	DIVORC	ED (Specify)			last birthday)	Months	Days Hours Min.
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worl	done during most	of working life, even if	retired)			NDUSTRY	Palto		,		WHAT COUNTRY
13	FATHER'S	NAME	- 1				14. MOTHER'S MA		ME		
		George	Sykes				Gertrude	Mumm	la		
15	. WAS DECEAS	ED EVER IN U.S.	ARMED FORC	ES? 16	S. SOCIA		17. INFORMANT	MULD	ду	ADDR	ESS
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	18. F (7)	12 11				CAUSE	OF DEATH		100 110,11		INTERVAL BETWEEN
	DISEA	SE OR CONDI		CTLY							ONSET AND DEATH
	(This does	LEADING TO	mode of dyin	g, e. g.,	(A)	Fracti	re of skull		***************************************		
	injury or	are, asthenia, etc. complication w	hich caused	death.)	OUE TO						
		ANTECEDENT	CAUSES								
z	DISEASE	S OR CONDITIO	NS. IF ANY	GIVING	(B)				***************************************		
읟	RISE TO 1	THE ABOVE CAUS	E (A) STATI		DUE TO						
Y					(C)		***************************************				******************************
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CE		F OPERATION			NDINGS	OF OPER	ATION				20. AUTOPSY?
AL			P							i	YES X NO
D		NAL CAUSE WA				JRY (e. g., in et, office bldg., e			in Baltimore Ci	ty, give	1
EDIC,	UTING 1	CAUSE OF DE	ATH.		treet		Baker St.	& Th	omas Ave.		15 3
Σ	OF INJURY	(Month) (Day)	(Year) (Hour			OCCURR					
	March 2			m. WHILI	RK L	AT WORK			uck by au	to	
	22. I certi	fy that I took	eharge of	the ren	nains de	escribed a	bove, held an	Autops	y nspection or Inqu		ereon and from
	the ev	idence obtaine	d by said	Autopsy	, Inspec	etion or 1	nquiry, find that	said de	eeased died or	i the do	ay stated above
	23A. SUGNA		nion resul	ted from	r: natur	ral causes	a cident X	-			
	Tto	mlen	4. 1	Den	la	lung	ASSISTANT ME .D. MEDICAL INV	EDICAL E	XAMINER X		th 3. 1951
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H	FULL NAME OSPITAL OR NSTITUTION	2231	0	l or institu	^	treet address locat	2 mm 1	CITY OR TOWN	(If outsid	e corporate li	in ts, wri	te RHI	Al and giv lownship
							rs. D	STREET ADDRESS	(If rural,	give location)	
1	Length of s	tay in Balti		7. SINGL	E MADD	D	ays	DATE OF BIRTH	Ver	GE (In years	C V	ne	6 Nodes 24 Nove
	DA. USUAL OC	W		WIDO	WÉD, DIVO	ORCED (Spe	ocify)	BIRTHPLACE (State	la	st birthday)	Months	Days I	
wor	k done during most	of working life, ever	if retired)	105. KIN	D OF BUS	INDUS.		. DINTHPLACE (BOOK	e or roreign	country)		WHAT	COUNTRY
13	B. FATHER'S	NAME					14	MOTHER'S MAIDE	N NAME	7.1.			
	m	ichae	l dy.	Mos	nore	ay.		nelle a	. Jer	utt			
	MAS DECEASI				16. SO	CIAL CURITY N	0. 17	7. INFORMANT			ADDRE	ESS	
-	18. IL 21				1218-	01-640	2	Drene W	Joro	ney			L BETWEE
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ERTIF	TRIBUTING	SIGNIFICANT B TO THE DEATHSEASE OR CO	TH. BUT	NOT RELAT	ED								*****
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DICAL	UNDERLYIN	NAL CAUSE Y G [] OR CO CAUSE OF	NTRIB-			NJURY (e.			(If in E	altimore Cit	y, give e		
5	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) m.	21E. INJI	NOT WE	HILE	21f. HOW DID IN.	JURY OCC	UR?	*		
	22. I certi	fy that I to	ok char	gc of the	remain	s describe	ed abo	ve, held an	1	+ Augen	th.	creon	and from
	and de	eath in my o	ned by	said Aut resulted	topsy, In from: no	spection atural ca	or Inquiscs	uiry, find that said, accident [], suid	id decease $cide \square$, h	omicide [the da], undet	crmin	ed [].
	Jan Stana	uley	18.	Du	ulen	hu	M.D.	ASSISTANT MEDIC MEDICAL INVEST	CAL EXAMI	INER		and	4,195
TI TI	4A. BURIAL. ON, REMOVAL (S	CREMA- 24B.	DATE	7190	24C. NAN	TREE	ETERY	OR CREMATORY 24	D. LOCATI	ON (City, to	wn, or co	unty)	(State)
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland / 6 A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate l U and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos c. Length of stay in Baltimore Days 7. SINGLE, MARRIED AGE (In years) 6. COLOR OR RACE WIDOWED, DIVORCED (Specify last birthday) Months! Days Hours! Min. 26 ar 11/BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY INDUSTRY Poretry Dealer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN O.S. ARMED FORCES?
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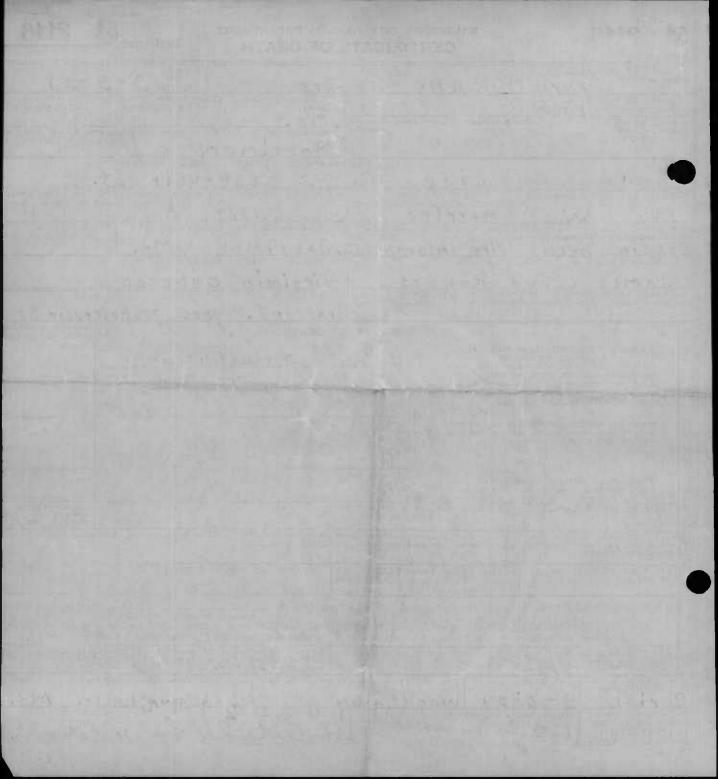
BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION (downship) ADDRESS (If rural, give location) Yrs. Mos. ESELAOI Length of stay in Baltimore Days 9. AGE (In years to Under 1 Year last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) JAYYIEd 10A. USUAL OCCUPATION (Glyckindof 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNTRY? SDECIAL MSUKANCE Ch. MOK 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 51 2119

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Companies Comp			tion give etreet address or		before admission,
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218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 210. TIME (Month) (Day) (Year) (Hour) 210. TIME (Month) (Day) (Year) (Hour) 210. TIME (Month) (Day) (Year) (Hour) 211. INJURY OCCURRED 212. I hereby certify that I attended the deceased from March 24, 1954, that I last saw the deceased alive on March 1, 1954, and that death occurred at 11 cm., from the causes and on the date stated above, 23A. SIGNATURE 224A. BURIAL, CREMA? 24B. DATE 234C. NAME OF CEMETERY OR GREMATORY 24D. LOCATION (City, town, or county) (State) 234C. NAME OF CEMETERY OR GREMATORY 24D. LOCATION (City, town, or county) 235. FUNERAL DIRECTOR ADDRESS 222 f. ADDRESS 232 f. ADDRESS 322 f.	A P		mutait.		YES NO
210. TIME (Month) (Day) (Year) (Hour) 210. TIME (Month) (Day) (Year) (Hour) 211. INJURY OCCURRED 212. I hereby certify that I attended the deceased from March 24, 1954, that I last saw the deceased alive on March, 1951, and that death occurred at 112 A.m., from the causes and on the date stated above, 232. I hereby certify that I attended the deceased from March 24, 1954, that I last saw the deceased alive on March, 1951, and that death occurred at 112 A.m., from the causes and on the date stated above, 233. SIGNATURE 234. BURIAL, CREMA: 249. DATE 244. BURIAL, CREMA: 249. DATE 244. MAME OF CEMETERY OR GREMATORY 240. LOCATION (City, town, or county) (State) 345. BURIAL, CREMA: 249. DATE 346. MAME OF CEMETERY OR GREMATORY 240. LOCATION (City, town, or county) (State) 347. MARCHAEL BURIAL		-21A. ACCIDENT, SUICIDE, 21B. PL	ACE OF INJURY (e.g.,		e exact location)
210. TIME (Month) (Day) (Year) (Hour) OF INJURY MILE AT WORK 211. INJURY OCCURRED 215. HOW DID INJURY OCCUR? WHILE AT WORK 222. I hereby certify that I attended the deceased from March 24, 1954, that I last saw the deceased alive on March 1951, and that death occurred at 110 A.m., from the causes and on the date stated above, 238. ADDRESS 236. DATE SIGNED 24A. BURIAL, CREMA: 249. DATE TION REMOVAL (Specify) MAR 5-1951 PART SIGNATURE 25. FUNERAL DIRECTOR ADDRESS 25. FUNERAL DIRECTOR ADDRESS 322 F. MAR 5-1951 MAR			, larm, lactory, street, omcomog.,	THE OCCUR	
22. I hereby certify that I attended the deceased from March 24, 1954 to Murch 2, 1951, that I last saw the deceased alive on March 1, 1951, and that death occurred at 11°C 1, m., from the causes and on the date stated above, 23A. SIGNATURE 24A. BURIAL, CREMA? 24B. DATE 24C. NAME OF CEMETERY OR GREMATORY 24D. LOCATION (City, town, or county) (State) Burial March 1951 With Memorial Baltimore MA DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS 322 1. MAR 5-1951 March 1962 March 19			21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
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deceased alive on March, 1951, and that death occurred at 11°C a.m., from the causes and on the date stated above, 23a. SIGNATURE 23a. SIGNATURE 24a. BURIAL, CREMA: 24b. DATE 100. REMOVAL (Specify) 101. REMOVAL (Specify) 102. MAME OF CEMETERY OR GREMATORY 24d. LOCATION (City, town, or county) 103. FUNERAL DIRECTOR 103. FUNERAL DIRECTOR 104. ALICE PUBLICANO ADDRESS 322 f. MAR 5-1951 105. FUNERAL DIRECTOR 106. ALICE PUBLICANO ADDRESS 322 f. MAR 5-1951 106. March, 1951 107. ALICE PUBLICANO ADDRESS 322 f. MAR 5-1951 107. ALICE PUBLICANO ADDRESS 322 f. MAR 5-1951 108. ALICE PUBLICANO ADDRESS 322 f. MAR 5-1951			1.4		that I last easy the
23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED March 3, 1951 24A. BURIAL, CREMA: 24B. DATE TION, REMOVAL (Specify) Burial DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR MAR 5-1951 MAR Xatur Publishes ADDRESS 322 f. MAR Xatur Publishes Schooling MAR Xatur Publishes MAR Xatur P		22. I hereby certify that I attended the	e deceased from	, 19 vg to started and on the	date stated above
24A. BURIAL, CREMA? 24B. DATE 24C. NAME OF CEMETERY OR GREMATORY 24D. LOCATION (City, town, or county) (State) BURIAL DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR MAR 5 - 1951 MAR 25 - 1951			and that death occu	and an in the causes and on the	23c. DATE SIGNED
24A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) BULLAL MAN 5, 451 Urbutus Memorial Baltimore MA DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS 322 f. MAR 5-1951 WILLIAMS, MAR MAR ADDRESS 322 f. MAR Xatter Publishes Schoolen School		To all lies		we - M to	
Date RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS 322 1. MAR 5-1951 LINE TO MILLIAMS, MAR Xatic Publicans School St.	1				county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR MAR 5-1951 MAR Latie Publicans ADDRESS 332 F. MAR Latie Publicans	T	ON, REMOVAL (Specify)	112/2+ 2	namenal Baltimore	mi
MAR 5-1951 Timbre ton Miliams, 14. Mrs Katie Heliliams School St.	1 6		URE IN	25. FUNERAL DIRECTOR	DDRESS 322 1
	L	OCAL REGISTRAR	1 1 4 4	n 1 1 1 (R) 100 1 0	decel 162
vs 150 48 a	1	1AR 5 - 1951 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	eans / 1325	IMM MALLE Of WILLIAMS HE	mice as
		VS 150			48a

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J.	1 27.21)	BALTIMORE	CITY HEAL	TH DEPARTMEN		at fail the
			CERTIF	ICATE !	OF DEATH	Registered No.	
	RTH NO.						
1. (T	NAME OF DÉ	CEASED D.	e Bou	la		2. DATE OF DEATH	1.2-51
A.		ty, Maryland \ \ \ \ \ \ \		A to our	STATE	(Where deceased lived, If inst B. COUNTY	otulion: residence before admission)
	FULL NAME COSPITAL OR	F (If not in hospitallor	institution, give stree		CITY OR TOWN	(If outside corporate hunits, w	nia DILEAL and give
IN	ISTITUTION				ROA	X 101	township)
				Yrs. O.	STREET ADDRESS	(If Jural give location)	
c.	Length of sta	y in Baltimore		Mos. Days	27018	E Rose d	*
5.	SEX	COLOR OR RACE 7.	SINGLE MARRIED.	B. (Specify)	DATE OF BIRTH	9. AGE (In years Month	r Year If Under 24 Hours s: Days Hours: Min.
I	Inale	white	envolue	2	Iel - 20 - 18	7576 75	
1C	A. USUAL OCC k done during most of	UPATION (Give kind of 10E working life, even if retired)	KIND ON BUSINE	SS OR 11	. BIRTHPLACE (State	or foreign country) 12	. CITIZEN OF WHAT COUNTRY?
			note the	0	Baltim	· an era	
13	FATHER'S NA	IME ()		14	MOTHER'S MAIDE	NAME	
	10 Km	Achley		<u> </u>	Geragaal	Theitag	
15 (Ye	s, no prunknown)	(If yes, give war or dates of sa		ITY NO. 17	. INFORMANT	In ACID	RESS
-	9)	M	Janie l'é Reus	en 2701 6 101	haro St
	18. 420	0 1		CAUSE OF	DEATH	1	INTERVAL BETWEEN
	DISEASI	OR CONDITION DIRI	ECTLY	a	SHA		1.2
	(This does heart failur	not mean the mode of dy	ing, e.g., (A) ne disease.	54	0110.01		1 wy
		complication which cause		14	Thorew	my	
_	A	NTECEDENT CAUSES	1	91	140 LONG	Nova:	
NO	DISEASES	OR CONDITIONS, IF AN				4 -	
ATIO	RISE TO TH	E ABOVE CAUSE (A) STA'NG CONDITION LAST.		14	engl	We in	
RTIFIC,				0000	0.106	100000	
H		[]	_(C)		and 1	Lawrey /	
ш		GNIFICANT CONDITION TO THE GEATH, BUT NOT			-		
U	TO THE OIS	EASE OR CONDITION CAL	USING IT				

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID

about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify)

210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT

AT WORK WORK

22. I hereby certify that I attended the deceased from deceased alive of and that death occurred at 23A. SIGNATURE

24A. BURIAL, CREMA-

REGISTRAR'S SIGNATURE

TE RECEIVED BY

INJURY OCCUR?

238. ADDRESS

21F. HOW DID INJURY OCCUR?

23c. DATE SIGNED

m., from the causes and on the date stated above.

(If in Baltimore City, give exact location)

, that I last saw the

20. AUTOPSY

EDICAL

\$300 Engrue Out

correct age is especially "uportant. Physicians: please write the causes of death clearly and legiony.

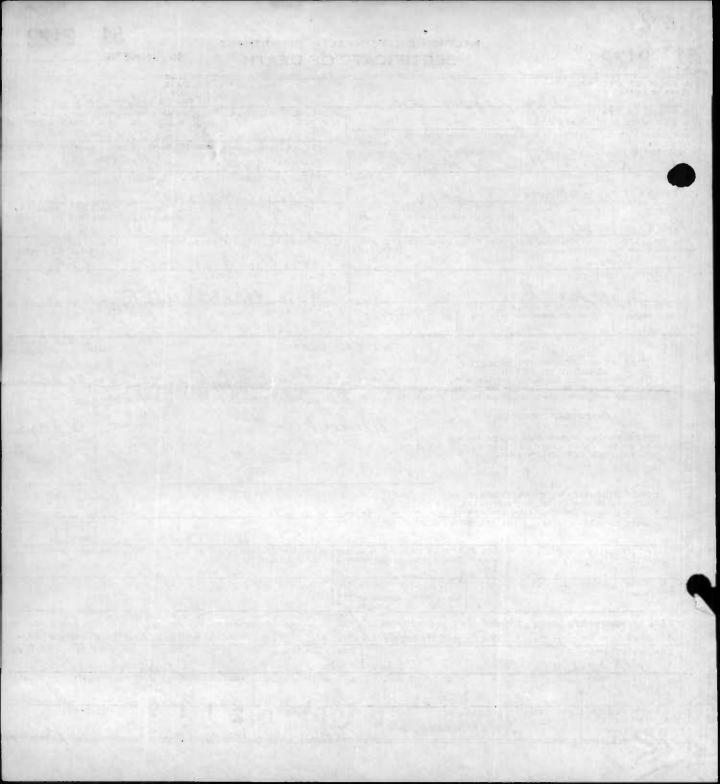
BALTIMOR'E CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2121 Registered No.

BIKAT NO.		
1. NAME OF DECEASED (Type or Print) ED WARD WA G-NER	2. DATE OF DEATH	13/51.
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst.	itution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)		01
INSTITUTION	C. CITT ON TOWN	rite RERAL and give township)
Yrs.	D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore Life. Mos.	1 2 cm & 1000 4 / ills	1 Ave
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In gears) Il Under	1 Yeer M Under 24 Hours
M. WIDOWED DIVORCED (Specify	4/28/1897. 33. Months	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Wagner.	Pauline rek	hart.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDR	RESS
18. 42011 CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	2 08 . 40.	. /3
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	som any Jackson Dios	
injury or complication which caused death.) DUE TO		a ango
ANTECEDENT CAUSES	1 by newtremain	
O DISEASES OR CONDITIONS, IF ANY, GIVING		
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.		
II (C)		
OTHER SIGNIFICANT CONDITIONS CON-		
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR FINIS 19B. MA	RATION	20. AUTOPSY?
ν V V V V V V V V V		YES NO
21a. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.		exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURS	RED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK AT WORK		
22. I hereby certify that I attended the deceased from	3/19/ 195/ to 3/3/ 195/ 1	hat I last saw the
deceased alive on 3/3/ and that death occu	arred at 1.23m from the causes and on the o	late stated above.
23A, FIGNATURE	23B. ADDRESS	3c. DATE SIGNED
Solement Charlete M.D.	Church House Thosp	3/3/37 - (State)
24A. BURIAL, CREMA- 24B. DATE 24C WANTE OF CEMETI	ERY OR CREMATORY 240. LOCATION (City, town, or e	On A
DATE RECEIVED BY REGISTRAR'S SIGNATURE	125. UNERAL DIRECTOR AL	DDRESS
LOCAL REGISTRAR	11/10/ 1 1-200-1	10.01 PA
MAR 5-1951 1 'author / / / / / / / / / / / / / / / / / / /	georard fuel 5005 A	arford (c)
VS 150		9110

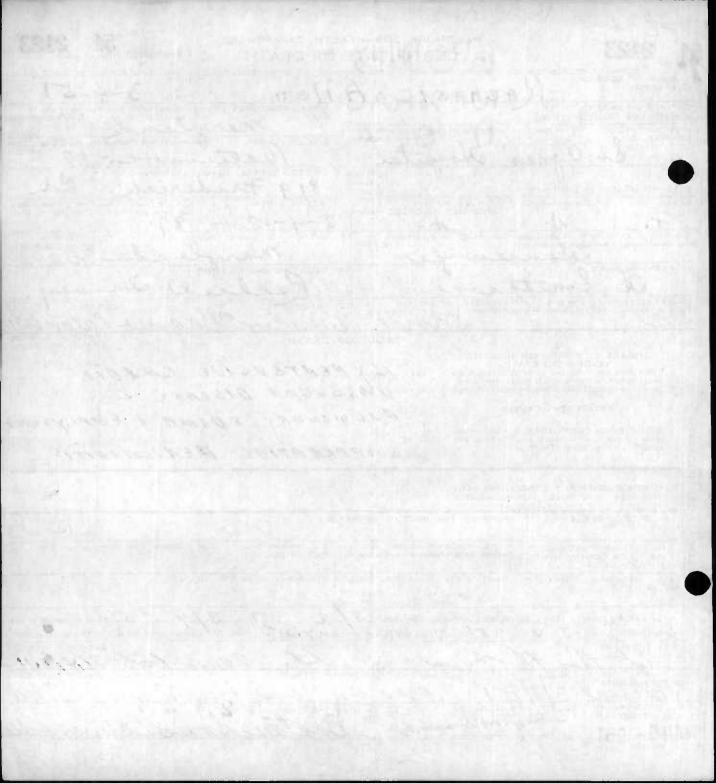
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-	0	00	, 54	04.00				
	51	2122 FLANDAL CERTIFICATI	TALLII DEI ARTIMERI	21.22				
7	1.	NAME OF DECEASED	2. DATE /	/				
		JAY, Baby Girl	OF DEATH 3/2/	5-1				
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If Inst. A. STATE B. COUNTY	itution : residence before admission)				
	HC	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)						
	IN	Church Home SI Hospital	Baltimore Rusa	township)				
regrory		Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	200				
I reg		Length of stay in Baltimore 2 Days SEX 6 COLOR OR RACE 7, SINGLE, MARRIED.	18, DATE OF BIRTH 9. AGE (In years) II Unde	1 1 Year II Under 24 Hours				
and	F	WIDOWED, DIVORCED (Specify)		Days Hours Min.				
arry		A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF				
crear		None	MATYLAND	USA				
death	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS OF THE PROPERTY ADDRESS OF THE P					
es or	(Yes	, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	Mother ADDE	(E55				
causes			OF DEATH	INTERVAL BETWEEN				
ne c	DISEASE OR CONDITION DIRECTLY							
rice t	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (6/2 Months)							
e w	Z ANTECEDENT CAUSES (B) Atelectasis							
pleas	NO O	DISEASES OR CONDITIONS, IF ANY, GIVING	lec rass	L. d.Ays				
	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
nan	TFIC	(C)						
Physicians:	ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		0.00				
PF	U	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?				
int.	SAL			YES NO				
aportant.	EDIC	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg., d		exact location)				
		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	ED 21F. HOW DID INJURY OCCUR?					
E		m. WHILE AT NOT WHILE AT WORK						
especi		deceased alive on 3/2, 1957, and that death occur	rred at $\frac{21}{2}$ ρ m., from the causes and on the c	hat I last saw the				
is e		23A. SIGNATURE	23B. ADDRESS	3c. DATE SIGNED				
age	2	M.D. M.D. M.D. A. BURIAL, CREMA- 24B, DATE 24C, NAME OF CEMETE	Church frome 2/ Hospital	3/2/1 (State)				
	TIC	N. REMOVAL (Specify)	1: A.D. B. It	mil				
correct		TE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL PIREOTOR AL	DDRESS				
၁၁	M	AR 5-1951 Tentington Millians, Hall	Teonard & Ruch 5305 Hay	and Rel				
		VS 150		159				
				1 - 1				



CERTIFICATE OF DEATH Registered No. 2123

BIRTH NO.	- OI DEATH					
1. NAME OF DECEASED (Type or Print) (Achae)	17em 2. DATE OF 3-4-51					
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE ENCOUNTY Description:					
B. FULL NAME OF (If not in hospital or institution, give street address or	"haryland Palus					
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)					
pr. ignes voipilal	D. STREET ADDRESS (If rural, give location)					
Mos.	819 Frederick 530 Rd					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years If Under I Year II Under 24 Hours					
7. WIDOWED, DIVORCED (Specify)	2-9-1864 last birthday) Months Days Hours Min.					
10A, USUAL OCCUPATION (Give kind of work done during most of working life, of eo if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF					
Hausewife	maryland The COUNTRY					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
M. Smithson	Tachael Harvey.					
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yea, no or unknown) (If yea, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS 3MI					
Mr. Mone	Mrs. Tra Wagnet Catoniville					
727	OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	PERTENSIVE CARDIO-					
injury or complication which caused death.) DUE TO VIASCULAR DISEASE						
ANTECEDENT CAUSES	MONBRY EDEMA + EMPLYSEMA					
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
UNDERLYING CONDITION LAST.	PEARTINE PERICARAITIS					
L .						
OTHER SIGNIFICANT CONDITIONS CON-						
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER						
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (c. g., in	a or 21c. WHERE DID (If in Baltimore City, give exact location)					
LYING OR CONTRIBUTING CAUSE OF DEATH	INJURY OCCUR?					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE						
m. WORK L. AT WORK L						
22. I hereby certify that I attended the deceased from	, and the same that the same that					
	red at Testim., from the causes and on the date stated above.					
Infinite the steam in	3B. ADDRESS 23c. DATE SIGNED					
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)					
Burial 3/7/51 Loucho	n Rang Baltananone mil					
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERALI DIRECTOR ADDRESS					
MAD 5 - 1051	Easton Sono Catonaville					
Vs 150	0 > 9 - 0					
Vs 150 17:5 - 195 k	43 y Mal.					

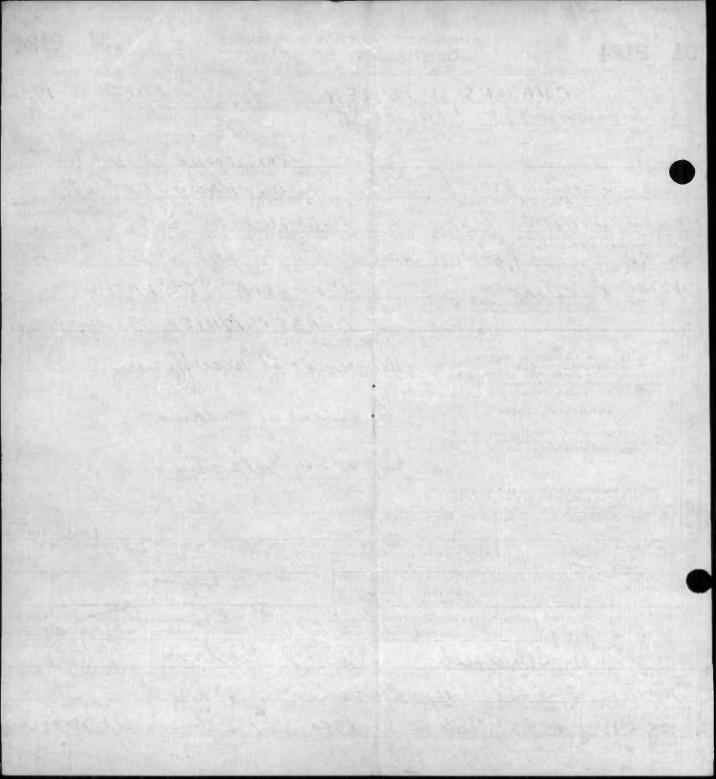


51. 2124 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2124

	NAME OF DECEASED CHARLES W MILLE	? 2. DATE OF DEATH	1ARCH-5-1951
A.	PLACE OF DEATH: Baltimore City, Maryland 1337 HAIVOVER.S	4. USUAL RESIDENCE (Where deceased i	rved. If institution; residence NTY before admission)
B. HO	FULL NAME OF (If not in hospital or institution, give street address or location)	C. CITY OR TOWN (If outside corpora	te limits, write RURAL and give
IN	STITUTION	BALTIMORE	MD2 3 - township)
	Yrs.	D. STREET ADDRESS (If rural, give locate	tion)
c.	Length of stay in Baltimore hift TIME Mos. Days	1337 HANOVE	
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	AUG-16-1808 9. AGE (In yollast hirthd	ay) Months Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CIYIZEN OF
110	done during most of working life, even if retired) WAR I TIVE SERVICE	BALTIMORE 14	D WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	WM. F MILLER.	CECELIA ST.C.	AIRE
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
-		JARGT.M. MILLER.	337 HANOVER ST
	18. 420,1 CAUSE	OF DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	radial resulting	Olice.
1	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	marie 1990	accey
	injury or complication which caused death.) DUE TO	10	
7	ANTECEDENT CAUSES	monay oudawa	,
ō	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
AT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
FIC	Con	non pleases	
3TI	OTHER SIGNIFICANT CONDITIONS CON-		
III.	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
L	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY2?
CA	ALL ACCIDENT OUGUE LAGE OF MURPY (or 21C. WHERE DID (If in Baltimore	YES NO City, give exact location)
EDI	21a. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		Oity, give exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY		
	m. WHILE AT NOT WHILE AT WORK	71 ~ 2/2	61-
	22. I hereby certify that I attended the deceased from 2	12 1951, to 5/5	, 19_, that I last saw the
	decreased alive on 2/4, 1951, and that death occur		d on the date stated above.
	23) SIGNATURE COLUMN M.D. 2	1339 Quarts A	3/5/5
2	4A BUFIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (Cit	y, town, or county) (State)
1	JURIAL 3-8-51 /toly CROS.	S CEN AAA	0
D.	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
M	AR 5-1951 the to Milians, Kolling	Jesuard C Harle	121 K WEST ST.
	VS 150	61	940



CERTIFICATE OF DEATH Registered No. 1 2125 BALTIMORE CITY HEALTH DEPARTMENT

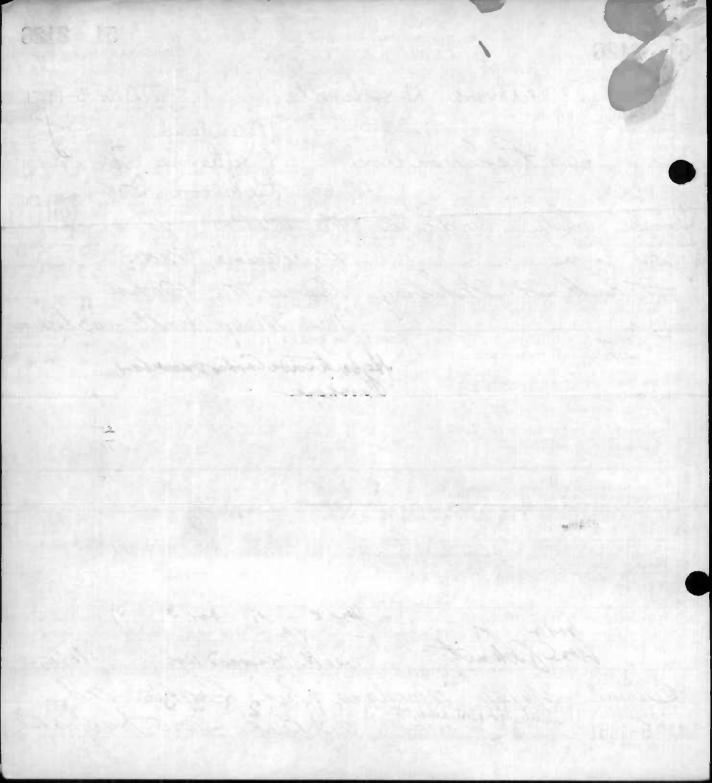
A B	RTH 140! - 1-1						
1. (T	NAME OF D	Hawkins, Jos	enh Day	on i e		2. DATE. OF	
	PLACE OF D	EATH:	sebu Dai	HITS	4. USUAL RESIDENCE ()	Where deceased lived. I	
_		City, Maryland	1 ! 4!4!		A. STATE	B. COUNTY	before admission)
H	FULL NAME OSPITAL OR ISTITUTION	U.S. Marine H		ion, give street address or location)		f outside corporate lim	its, write RURAL and give
1	1				Baltimore		tqwnship)
		since Mar	ch 1950		D. STREET APPRESS HIT	rural give location)	10
		tay in Baltimore		Mos. Days	TOOT BITSHIOM	Street	
	SEX m	6. COLOR DR RACE	widow mar	E, MARRIED, ZED, DIVORCED (Specify)	March 1, 1914	9. AGE (In years last birthday)	M Under 1 Year M Under 24 Hours Min.
1 C	Opticia	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	ODA
	Frank Ha				Nora Daugherty		
15 (Ye	, mo or uokoown)	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESalto ., Md.
(1	Yes	VA2	-	Un kn own	Records - U.S.		
ERTIFICATION	DISEASE: RISE TO T UNDERLY OTHER S TRIBUTING	LEADING TO DEAT i not mean the mode of tre, asthenia, etc. It mean eomplication which of ANTECEDENT CAUS S OR CONDITIONS. II HE ABOVE CAUSE (A) VING CONDITION LA GIGNIFICANT CONDITION TO THE DEATH, BUT	f dying, e. g ns the diseas aused death SES ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B)(C)(C)	na of left lung w	is	Unknown
U		F OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
AL							YES ND
EDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, f	CE OF INJURY (e. g., ic arm,factory,street,office bldg.,e	o or 21c. WHERE DID (ntc.) INJURY OCCUR?	If in Baltimore City,	give exact location)
	21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?	
	22. I hereh	y certify that I att		3.6	reh 2 19.51/to 1	March 3 19	51, that I last saw the
	deceased a	live on March 3	19 51		red at 8:30- m. from t	he causes and on	the date stated above
deceased alive on March 3, 19 51 and that death occurred at 8:30-m., from the causes and on the date s 236. ADDRESS U.S. Marine Hospital, Balto., Mo. Mar							
2	AA. BURIAL.	CREMA- 24B. DATE	cer	M. D.	The second secon	OCATION (City, tow	
TI	Bure Bure	1 4////	7.	arlination	Pational	arcinal	on Va.
	ATE RECEIVE	D BY REGISTRAR	SIGNATU	RE MAN	25. PUNERAL DIRECTOR	2/10/11	ADDRESS
#	IR 5 - 19	- Cumara	G# 12 451		Have M. W.	410	1 camorasy
	VS 150			5636	SU	0	47) also

T. C. A. for the line and a said A - A THE REST HAND SHEET AND A STATE OF THE PARTY OF THE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

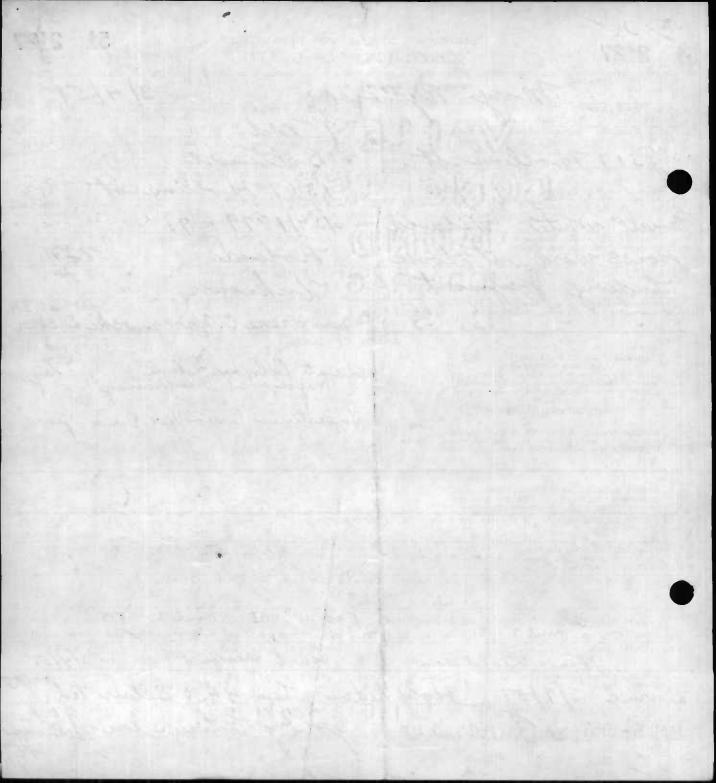
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Registered No.

1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF butside corporate limits, write RUR/Lianli give township) HOSPITAL OR location' C. CITY OR TOW INSTITUTION more Yrs. O. STREET rural, give location) Mos c. Length of stay in Baltimore Days 6. COLOR OR RACE | 7. SINGLE, MARRIED 5ASEX 8. DATE OF AGE (In years If Under T Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED widowed IOA. USUAL OCCUPATION (Give kind of work done during most of whing life, even if retired) 108. KIND OF BUSINESS OR M. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? Kome ATHER'S NAME ER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIA ADDRESS (Yes, no or unknown) SECURITY NO 443X INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES MOIL (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. 4 (C) Ü L 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from 19% to 10 3 , 19 1, that I last saw the deceased alive on 24 19% and that death occurred at Y A. m., from the causes and on the date stated above, 23A. SIGNATURE 24A. BURIAL, CREMA-TION EMOVAL (Specify) 248 DATE AC NAME OF CEMETER TION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. ISOAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY (If outside corporate limits, write RURAL and give INSTITUTION /3 Yrs. Mos. length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE AGE (in years If Under 1 Year last birthday) Months: Days Hours: Min. D. DIVORCED (Specify IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if a tired) NESS OR State or foreign country) 10B. KIND 12. CITIZEN OF NDUSTRY 15. WAS DECEASED EYR IN U. ARMED ORCES? Yes, no or unknowo) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 443% CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) FIC RTI 11 OTHER SIGNIFICANT CONDITIONS CONы TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 0 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER- $\overline{\Box}$ about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) FINJURY 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? NOT WHILE! WHILE ATT , 1950, to March 3 , 195/, that I last saw the Feb. 22. I hereby certify that I attended the deceased from. deceased alive on Warch 3, 1951, and that death occurred at_ 6 a.m., from the eauses and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24c. NAME_of DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR



2128

BALTIMORE CITY HEALTH DEPARTMENT \ 51. 2128

E E	IRTH NO.			CERTII	FICATE	OF DEAT	Н	Registered	No		
1	NAME OF D	ECEASED		-				2. DATE OF			
			EMMA	J.	Burba	ge		DEATH MAY	ch 2	. 19	51.
A		City, Maryland				4. USUAL RESID		B. COUNTY	f institution b	on : residefore ad	dence dmission)
H	FULL NAME	OF (If not in hospit	al or instituti	on, give stree	location)	Maryland		Anne Ar		RURAL	and give
3	1/	University	of Ma	ryland		Glen	Burnie	NEW YORK		Li	ownship)
	14				Yrs.	D. STREET ADDR			621	100	1700
2	Length of s	stay in Baltimore	D. O.	À.	Mos. Days	107 Seco	nd Ave	. S.E.	200		
5	. SEX	6. COLOR OR RACE	7. SINGLE	MARRIED ED, DIVORC	ED (Specifu)	8. DATE OF BIRTH	Н 9	. AGE (In years) last birthday)	If Under 1 Yea	a li Uno	der 24 Hours
1	Pemale	White		rried	ED (Specify)	July 18.	1881	69	ionths, Da	ys Hou.	15 Milli.
3	DA LISUAL OC	CUPATION (Give kind of	108 KIND	OF BUSIN	ESS OR	11. BIRTHPLACE		gn country)	12. CIT		
Wol		of working life, even if rotired) Se Work	Ow	n Home	INDUSTRY	Kingsto	n. Md.		WH	AT CO	UNTRY
1	3. FATHER'S		011.	II IIO		14. MOTHER'S MA		E		0.0	•
3	Wiln	to To has	~ ~			(Jame 7	Transmo				
3 -	5. WAS DECEAS	er M. Johns	FORCES?	16. SOCIA		Carolyn	Hayma				
(Y	es, no or unknown)	(If yee, give war or date	of service)	SECUP	RITY NO.	17. INFORMANT			ADDRESS		2 - 2
_	No			None		Stewart B	urbage	, Severn	a Pai	ck,	Md.
3	18. 47	2/			CAUSE	OF DEATH			INTI	ERVAL E	BETWEEN D DEATH
2	DISEA	SE OR CONDITION LEADING TO DEA	DIRECTLY		1.	1 1 1/10	man and h		1	Ok School	
3	(This doe	s not mean the mode of	of dying, e. s	(A)	ur	ma 100	m pwp	71.	3	nel	wH
	l heart failt	ure, asthenia, etc. It mes complication which	ns the diseas	e,							
NO	DISEASE	ANTECEDENT CAUS		(B)	Cho	hal He	, vas	cula Du	e for	44	eseh,
FA	RISE TO	THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	E DUE TO							
FI	1			(C) .							
CERTIFIC	TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	.D							
				FINDINGS	OF OPER	ATION			20	D. AUTO	OPSY?
AL I	ス	m.			-				YE	s	NO A
MEDICAL	HOMICIDE	ENT. SUICIDE. (Specify)	21B. PLA	CE OF INJU	URY (e. g., in ret, office hldg., e	or 21c. WHERE E		Baltimore City,	give exac	t locati	ion)
	210. TIME DE INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY	OCCURRE	D 21F. HOW DIE	INJURY O	CCUR?			
	DF INJURY	-	m.	WORK	NOT WHILE						
and a	00 77 7					- 104	7. 20.00	1 5 , 19 ,	C/	7 1 .	
especially	22. I heret	by certify that I att	ended the	deceased j	rom	, 199	1, to	, 195	22, that.	I last s	saw the
	23A. SIGNA	live on Mart. 2	_, 19_7,	and that d		red atm. 3B. ADDRESS	, from the	causes and on			d above.
2	ZSA. SIGNA	na S. Bills	insular			Glen B	mrnia	Md.	230.1	DATES	SIGNED
200	44. AURIAL			PAC NAME	M. D.	RY OR CREMATORY			n, or count	v)	(State)
III T	4A. BURIAL.	Specify)								-	
2 -	Buria				Meado	w Ridge		sey, Md.		ral)	
	OCAL REGIST	RAR	SSIGNATU	RE MJ	E I	25. FUNERAL DIR	4	5	ADDRE		
1	IAR 5 - 19	3				Richard V.	Sing	Leton, Gla	en Bu	rni	e, Md
1											

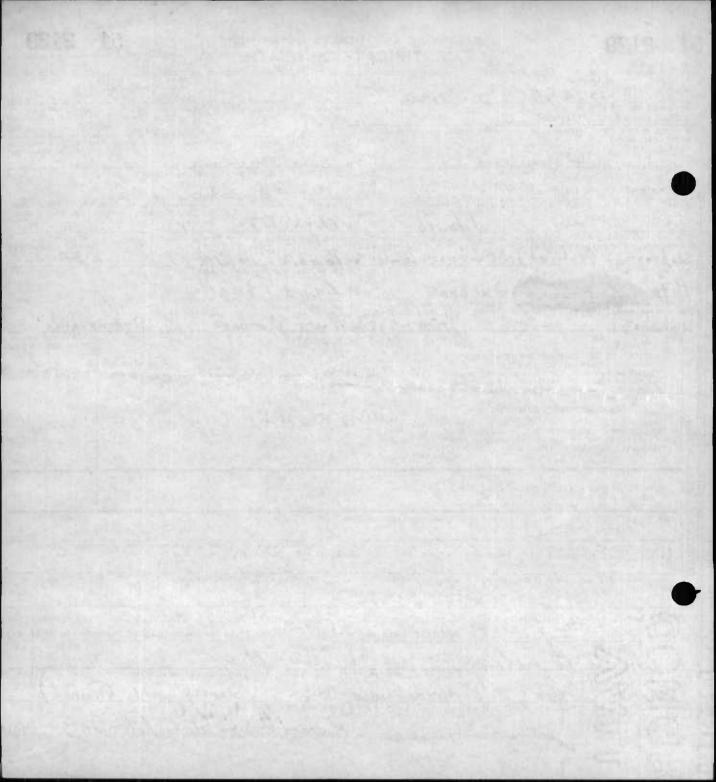
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CERTIFICATE OF DEATH

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egistered	Vist.	C3.1.	

BIRTH NO.	L OI BEATT
1. NAME OF DECEASED (Type or Print)	2. DATE 3-4 50
130K13BGE, WITHERS,	DEATH
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR location) INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
2 Unio trop	Glenhenie
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore Days	107 del au 58
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIV PRCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours Last birthday) Months: Days Hours: Min.
Mido ded	May 27, 1877 73
10A. USUAL OCCUPATION (Give kind of los. KIND OF BUSINESS OR work done during most of working life, even if review) INDUSTRY	11. BURTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY:
Shapforman (Ratifed) V. F. Johnson Lumber Co	Powallsville Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hite Qurbage	Laura Powell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS A
(Yee, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Stuart But bles Peverna Park
LAN / CAUCE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	ouar ilironipais 148 an
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES Culus	io schootic evis
O DISEASES OR CONDITIONS, IF ANY, GIVING	
4 ONDERGING CONDITION EAST	
(c)	
E II	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY7
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g.,	
CAUSE OF DEATH	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
PF INJURY WHILE AT NOT WHILE	
m. work AT WORK	- 2 1051/2 2 V 10510 111 1
	1- 2 , 1951, to 5- 4 , 1951, that I last saw the
deceased alive on 54, 1951, and that death occu	rred at $\iint \frac{\partial C}{\partial m}$, from the causes and on the date stated above
1/4114, 1/2901.	1/ nw 1/ssp 3-4.51
24A. BURIAL, CREMA- 24B. DATE / 24C. NAME OF CEMETE	
TION, REMOVAL (Specify) Man 6 1941 Monday window	Com. Daysey Add. (Pural)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	Dil 18 5 61 Cham Button Well
The start of the first of the said, M. the	Michard N. Jim Blow Glandon His 140
VS 150	925
J 236 F	1-1



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR

BALTIMORE CITY HEALTH DEPARTMENT
Registered No.

2. DATE
OF
DEATH
OF
DEATH
A. USUAL RESIDENCE (Where deceased lived. If institution and institution, give street address or location)
C. CITY OR TOWN (If outside corporate lights, write Residence)

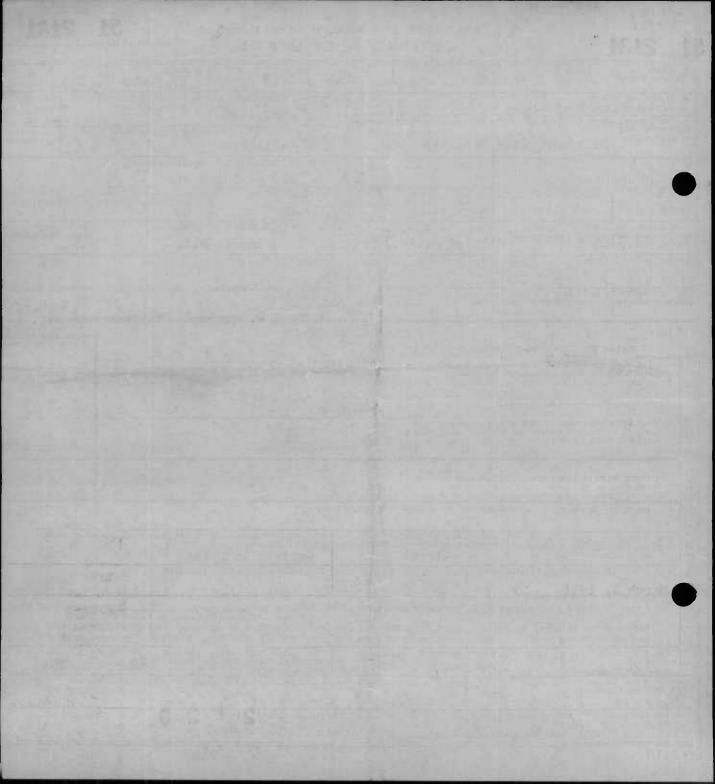
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1. NAME OF DECEASED Willie Banks		2. DATE OF DEATH MAKE	el 2 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (W)	nere deceased lived. If insti B. COUNTY	tution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location Institution)		utside corporate limits, wi	rite RURAL and give township)
1306 achland an		ural, give location	-00
Length of stay in Baltimore 20 Upo. Mos.	12006.1	land an	E
5. SEX 6. COLOR OR RACE 7. SINCE, MARRIED, WIDOWED, DIVORCED (Specifs	8 DATE OF BIRTH	9. AGE (in years fl Undor last birthday) Months	Year H Under 24 Hours Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR rork days during most of working life, even if others.)	11. BIRTHPLACE (State or for	reign country) 12.	CITIZEN OF
gaborer Bulleham leel Co	Farmuel	le Na	WHAT COUNTRY?
Willie Banks	14. MOTHER'S MAIDEN NA	Manne	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDR	ESS
no 218-19-6600	Vernell Da	cha17371.	Taypon ST
18. ,002 X and 153 X CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	rcinuma.	- 64 660 54	Lyr
heart failure, asthonia, etc. It means the disease, injury or complication which caused death.)			
ANTECEDENT CAUSES			
O DISEASES OR CONDITIONS, IF ANY, GIVING			
UNDERLYING CONDITION LAST.			
(c)	erculosis, far adva	inced	(over)
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
21a. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (0.6,	in or 21c. WHERE DID (If	in Baltimore City, give	exact location)
HOMICIDE (Specify) about home, farm, factory, street, office bldg.	.,etc.) INJURY OCCUR?		
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! WHILE AT NOT WHILE AT WORK AT WORK		OCCUR?	
22N hereby certify that I attended the deceased from	123 195 Pto	3/2 ,195/, 11	nat I last saw the
decrased alive on 2 . 17, 190 , and that death occu		causes and on the d	
RAYNER DR	23B. ADDRESS	2	3- 3.0
24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OF CREMATORY 240. LO	CATION (City, town, or e	ounty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	SE PUNERAL DIRECTOR.	medelle	DRESS
LOCAL REGISTRAR MAD C. 105	me 8-11 (1611.	in Dal in	M. Carlino S.
vs 150	The User G. Olle	Je - 1127	1116
7)0	3/7	7-	465

See Docum nt Fi? 51-2130 7/6/51 38

CERTIFICATE OF DEATH Registered No.

	ORTH NO. O.L. CERTIFICAT	E OF DEATH
1 (. NAME OF DECEASED Type or Print) WILLIAM S.	VAN LEUVAN 2. DATE OF March 3, 1951
1	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE Mary Land B. COUNTY before admission)
	FULL NAME OF I not in hospital or institution, give street address of location NSTITUTION Baltimore City Hospital	or
	Yrs. Mos. Length of stay in Baltimore Days	922 N Fortage St
7	Length of stay in Baltimore Days SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify Married)	8. DATE OF BIRTH 9. AGE (In years if Under 1 Year if Under 24 Hours last birthday) Months: Days Hours: Min.
1	OA. USUAL OCCUPATION (Givekinder tak dome during most of working life, even if retired) OOD INSPECTOR City of Balto., Ret	11. BIRTHPLACE (State or foreign country) [12. CITIZEN OF
11-	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1 (Y	Albert Van Leuvan 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (68, no or naknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Miss barriet Von Leuran 8 22 M. Eutow St.
	DISEASE OR CONDITION DIRECTLY	OF DEATH Cacranial hemorrhage
	ANTECEDENT CAUSES	tune of almil
NOIT	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	ture of skull
RTIFICATION	OTHER SIGNIFICANT CONDITIONS CON-	
L CE	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
EDICA	21a. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB. UTING CAUSE OF DEATH. 21b. PLACE OF INJURY (c. g., about home, farm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? Eastern Ave& East 26
Σ	OF INJURY March 2, 1951 10 pm. ZIE. INJURY OCCURF	
	March 2, 1951 10 pm. WORK AT WORK 22. I eertify that I took charge of the remains described	Fell out of door of trackless trolley to above, held an Autopsy thereon and from Autopsy, inspection or Inquiry
	and death in my opinion resulted from: natural eause	Inquiry, find that said deceased died on the day stated above, $cs \ \Box$, accident $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
		238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER
	4a. BURIAL. CREMA: 248. DATE PAC. NAME OF CEMETION, REMOVAL (Specify) 3-5-5/ Odd 1	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Fe Hows Milford Helaware
	OCAL REGISTRAR MAR 5 - 1951 MAR 5 - 1951	John O. Mitchell & Sons, Inc.
1	18 151 N - 803.0 210 93	M.B. Mitchell 170 C

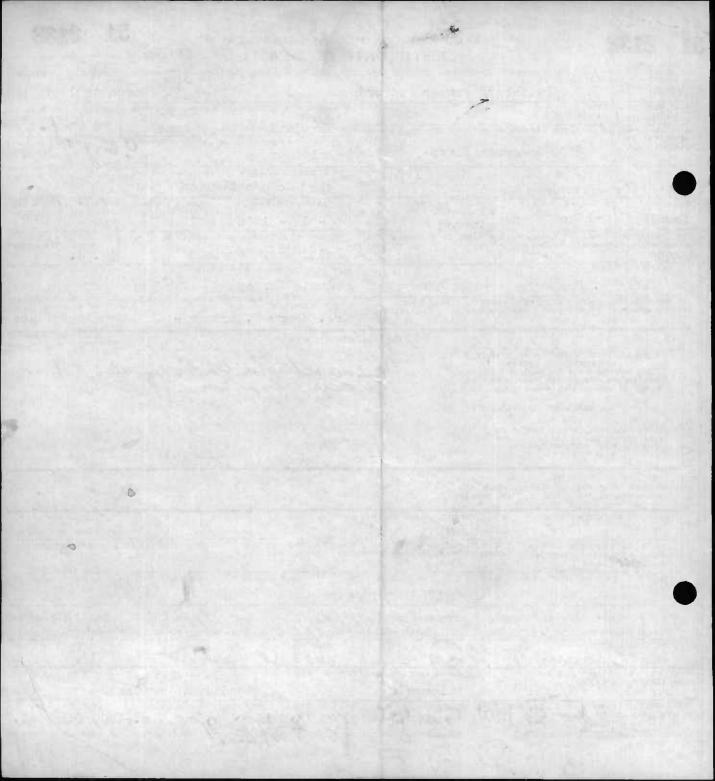


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BALTIMORE CITY HEALTH DEPARTMENT

51 2132

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Elizabeth Brewer Richards March 4, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A STATE B. COUNTY before #dmission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF none HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits write RUTAL and give INSTITUTION 4200 Somerset Place townshin) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. life Mos. 4200 Somerset Place ength of stay in Baltimore Davs 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. white female 6 - 11 - 1869widowed IOA. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore, Maryland S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James R. Brewer Annie Dorsev 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO Irs. Henry F. Bremer - 4200 Somerset Place INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Lisease + Ky pu lumin LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from 1/18/43 , 19 to 3/4 /5/__, 19___, that I last saw the deceased alive on 3/3/5/, 19 and that death occurred at 4:30 R. m., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 51 burial Lorraine Woodlawn, Maryland DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE MAR 5 - 19 in liverable, AGEL John Offitchedl, & Sons, Inc .- 1900 Eutaw Pl.

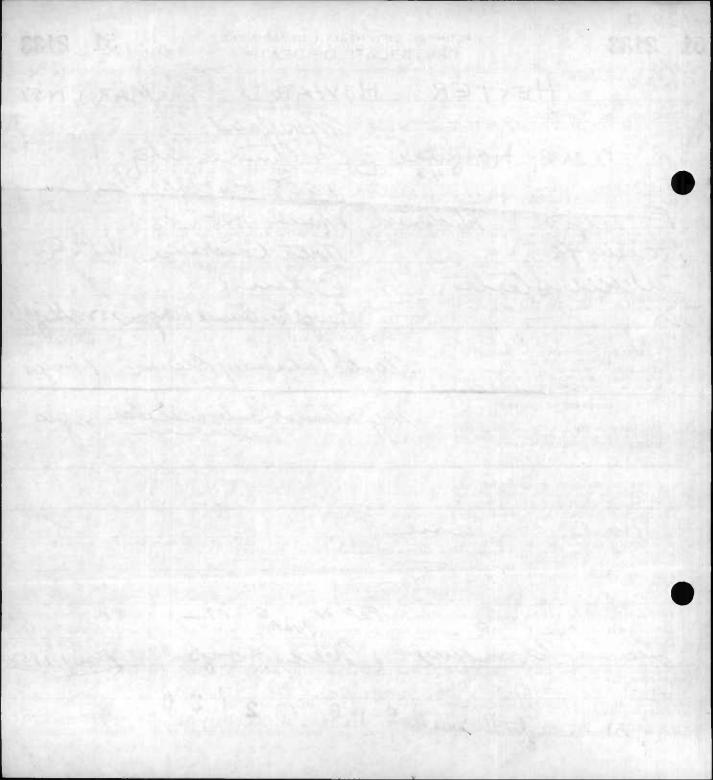


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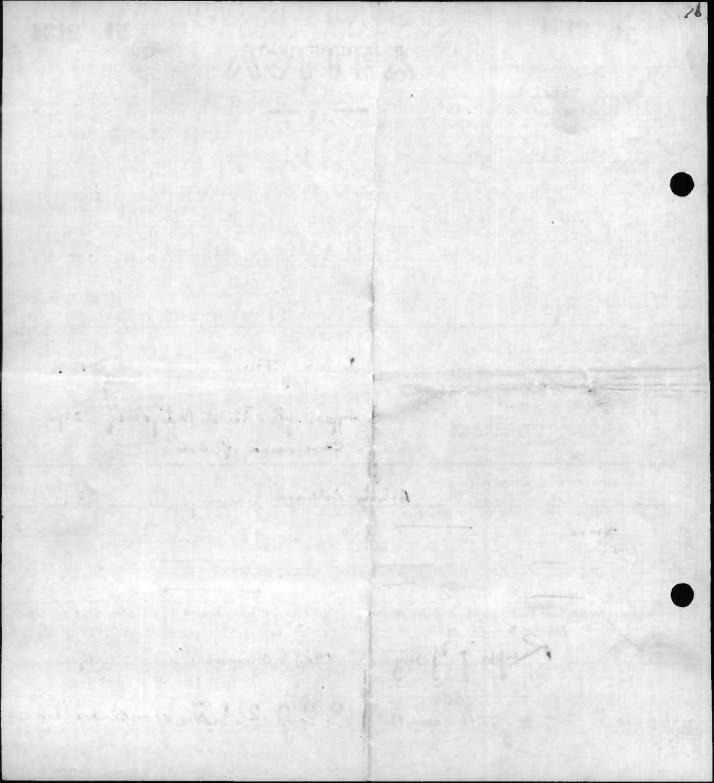
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

istered No. 2133

BIR	TH NO.			ERITFIC	CAIL	OF DEA	TH	Registere	d No	
	NAME OF DECEAS	ED . A						2. DATE		
	pe or Print)	HE	CTE	R	HAI	WAR	D	OF DEATH	AP	1961
3. P	LACE OF DEATH:	115	3 /				DENCE (Who	ere deceased lived	. If instituti	on: residence
	Baltimore City, I					STATE	0 1	B. COUNTY	ŀ	efore admission)
HOS	SPITAL OR	(If not in hospital	or institutio			CITY OR TOW	N (If ou	itside corporate li	mits, write	CORAL and sive
INS	m Moitutit	PACH	Josh	ental		Brolling	and Q.	City		loy nahin
1			100	43	Yrs o	STREET ADD	RESS Alf ru	ral give location	0.0	
	ength of stay in	Baltimore		, -	Mos. Days	1335	Ohil	less (7	lace	
5. S	EX 6.CO	LOR OR RACE	7. SINGLE.		8.	DATE OF BIR	TH !	9. AGE (in years	II Under I Yes	r II Under 24 Hours
	F ne	Gra	hli	D. DIVORCED	La Specify	March	1895	last birthday)	Months: Da	ys Hours Min.
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7	Torisew	70		IND	USTRY	north.	(auch	lina	W	AT COUNTRY?
13.	FATHER'S NAME	10-			16	MOTHER'S	MAIDEN NAM	1E		
	Wyli	L Ste	ele		E	o les	2			
15.	WAS DECEASED EVEL	R IN U. S. ARMED	FORCES?	16. SOCIAL	1/8	INFORMANT	0 .	1	ADDRESS	11-11
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	heart failure, asth	ienia, etc. It means	s the disease,							
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EDICA	21A. ACCIDENT W	AS UNDER-	21B. PLAC	E OF INJURY	(e. g., in or	21c. WHERE		in Baltimore Cit	y, give exa	et location)
™ –	CAUSE OF DEATH						-			
	21D. TIME (Month)	(Day) (Year) (Hour) 2	IE. INJURY O	CCURRED	21F. HOW D	ID INJURY	OCCUR?		
				NORK NO	T WORK					
T	22. I hereby cert	ify that I atte	nded the d	eceased from	Feb	28 . 19	Si to M	al 1 , 19	5 that	I last saw the
	deceased alive on									
	23A. SIGNATURE	18/1	4 1			ADDRESS	ok as a	1.		DATE SIGNED
	demens	1000	moe		1. 0.	ruces	1800	0	Ma	11851
	REMOVAL (Specify)	248. DATE	24	C. NAME OF C	EMETERY	DR CREMATOR	Y 240. LOG	CATION (City, to	wn, or count	(State)
	urial	3/5/5				em.	Balto	a.do		
	E RECEIVED BY	REGISTRAR'S	SIGNATUR	1 13 To	1 1	FUNERAL D		5 0	ADDR	
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							Hiss.	G. C	o-copord	1701
							A. Janes		6	1



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	J.L.		BAI	CERTIFICAT			Registered		2134
Ш=	BIRTH NO.			CERTIFICATI	L OF BEATT				
	1. NAME OF DECEA (Type or Print)	SED William		L	Colbert		DATE OF DEATH	/3/T	95I
1	3. PLACE OF DEATH A. Baltimore City,		alto.		4. USUAL RESIDE			lf institu	
	B. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospit	al or institut	tion, give street address or location)	1				e RURAL and giv
-	A	4 Madiso	n Aver	nue Yrs.	Baltimore			-0-	3 township
	ength of stay in		Life	Mos. Days	2014 Madis		nue		gā .
I	Male	Col.	Mar	E. MARRIED, VED, DIVORCED (Specify) P1ed	March 3 18		AGE (In years) last birthday)	If Under 1 Months 1	Year If Under 24 Rours Dnys Hours Min.
W	10A. USUAL OCCUPA ork done during most of working Waiter	TION (Give kind of ng life, even if retired)		o of Business or INDUSTRY	11. BIRTHPLACE (St Baltimore			_ W	S.A.
	13. FATHER'S NAME				14. MOTHER'S MAI			1	
-	Adam		bert		Ceceli	a	Cont	i	
(15. WAS DECEASED EVE Yes, no or unknown) (If	ER IN U.S. ARMEI	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Cornelia C	olbert	2014 M	addre	
	18. 177)	(1		CAUSE	OF DEATH				TERVAL BETWEEN
	(This does not a	R CONDITION DING TO DEAT mean the mode of henia, etc. It mea lication which of	TH f dying, e. g ns the diseas	g., (A)	Usinasy Tox	Maria			rwk
A CITA CIT	DISEASES OR OR OR OTHER ABOUNDERLYING	CEDENT CAUS CONDITIONS, II OVE CAUSE (A) CONDITION LA	F ANY, GIVIN	(B)	ypertiplied Carcinoma	Prototi 1	Valigner	reng	zys
i i	OTHER SIGNIF	HE DEATH, BUT	NOT RELATE		- Schensis (qu	0.	()		2 4hs
1	19A. DATE OF OP			FINDINGS OF OPER		J	W.J		20. AUTOPSY?
11 (314 ACCIDENT		1 21a PL	ACE OF INJURY (e. g., i	n or 21c. WHERE DI	D (If in	Baltimore City		YES NO
L	LYING OR CON CAUSE OF DEAT	NTRIBUTING		fsrm, fsctory, street, office bldg.,		?7		, give ex	lact location)
	2 ID. TIME (Mont) OF INJURY	n) (Day) (Year)		21E. INJURY OCCURR		INJURY OC	CUR?		
	22. I herehu cer	tifu that I att	m.	deceased from		to Mare	h 3 10	of the	t I last saw th
	deceased alive of	n March	- 19.5 L	and that death occur	rred at 2 10 pm.	from the co	uses and on	the da	te stated above
	23A. SIGNATURE	R	epla I		3B. ADDRESS	rument	->-	230	DATE SIGNED
-	24A. BURIAL, CREMA	3/6/I9		24c NAME OF CEMETE St Peters (RY OR CREMATORY	24D. LOCA	nore Ma	vn, or cou	inity) (State)
	DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'	S SIGNATU	JRE 15	JA PUNERAL DIRE		· lease	RADD	RESTOR
1	MAR 6 - 1951	Turke	Mary 11	Manua Man	Ciry of	Willer	47,000		The same
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TARREST TO THE CONTRACT L

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF March 5-51. Gertrude 1. Pawson DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 2803 Garrison A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) 2803 Garrison Prout Mursing Home ·Paltimofe Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Days 8. DATE OF BIRTH 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED. 9. AGE (In years) K Under 1 Year II Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Aug. 17-1869 Widow Female 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME McCaffrey IInknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Rosensteel3805 Havward INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO . ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE Der. 20, 1951, to much 22. I hereby certify that I attended the deceased from. . 195 . that I last saw the deecased alive on Manh 4, 1951, and that death occurred at 430 Am., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 2824 24A. BURIAL. CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY! 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify)

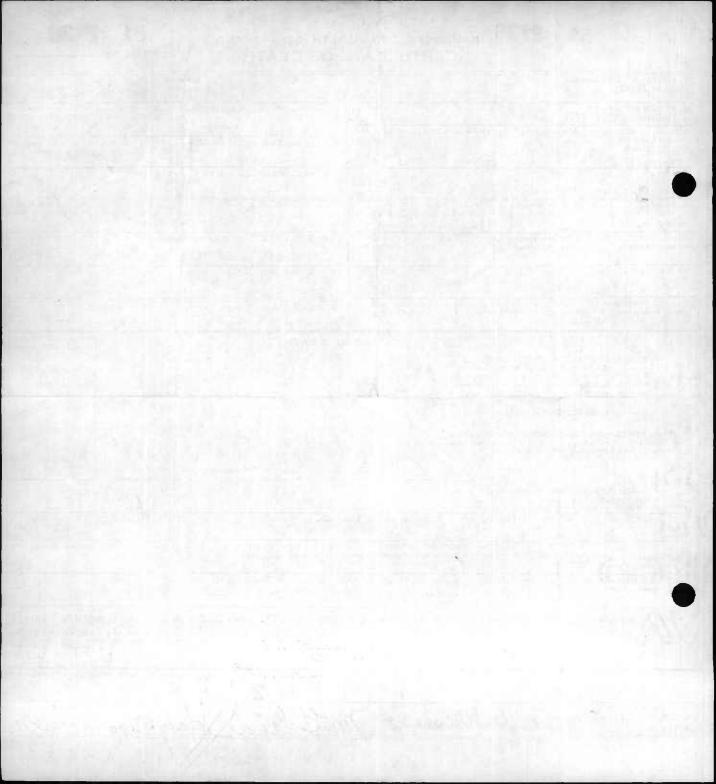
DATE RECEIVED BY LOCAL REGISTRAR VS 150

Burial

Loudon 25. FUNERAL DIRECTOR

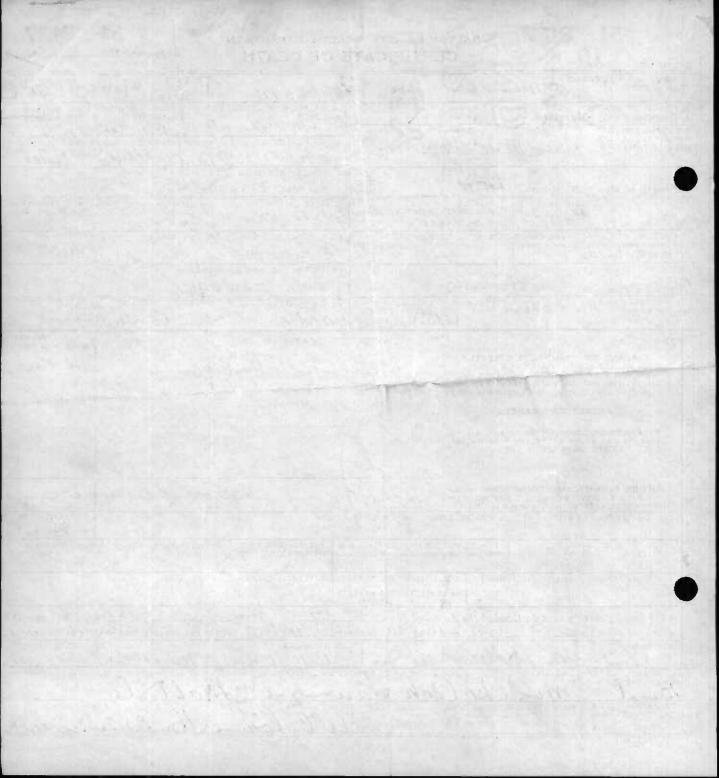
Frederick Ave.

ADDRESS #



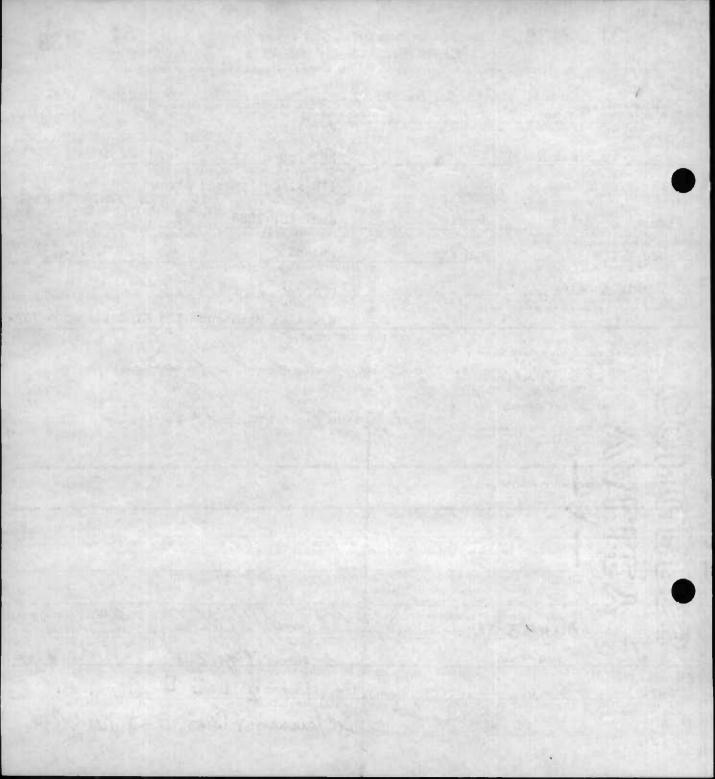
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	1. (T	NAME OF D ype or Print)	ECEASED SCHRI	EBER	MRS -	FIZABETH	2. [OF MORE	43 37
	3. A.	PLACE OF D Baltimore (EATH: City, Maryland	D.Fatter		A. STATE	DENCE (Where d	eceased lived. If ins	before admission)
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4		1ALE	6. COLOR OR RACE	7. SINGLE, WIDOWE	MARRIED, D. DIVORCED (Specify	8. DATE OF BIRT	> la	GE (In years Und st birthday) Month	ler 1 Year III Under 24 Hours ns Days Hours Min.
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TO	15 (Yes	. WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL ASECURITY NO.	17. INFORMANT		ADD	RESS
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dw	M			1					
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specially					nd that death occu			ises and on the	nat I tast saw the
1S e		23A. SIGNA	TURE	21		23B. ADDRESS	i, jr one the care		3c. DATE SIGNED
age	24	7 VX	REMA- 24B. DATE	124	M. D.	ERY OR CREMATORY	ME TH	ON (City, town, or	(Slate)
	TIC	Due (S	pecify) Mun	6.47	Jak da	sum o 1	3 Ba	lto Co	
correct	LC	ATE RECEIVE	RAR	SIGNATUR	Miawa, M. E.	25: FUNERAL DIE	RECTOR	1 Aun	DDRESS
	=	MAR G	1931		e errores and property	Melul	Hund (mal//Le	Murdelk



51 2138 BALTIMORE CITY HEALTH DEPARTMENT

В	IRTH NO.			CERTIFICAT	E OF DEATH	Registered I	No
1.	NAME OF D	ECEASED			ter the control of th	2. DATE.	
	'ype or Print)	Anna	Ma	shboun	NU SEASTER STATE	DEATH Marc	h 5, 1951
	Baltimore (City, Maryland			4. USUAL RESIDENCE ()	Where deceased lived, If B. COUNTY	institution: residence before admission)
В.	FULL NAME		al or institut	ion, give street address or	Maryland	5. 0001(1.1	derore admission)
	OSPITAL OR			location)	C. CITY OR TOWN (I		s, write RURAL and give township)
4	2	Sinai Hos	pital		Baltimore	6-0.	3 common p
			77.0	Yrs. Mos.	D. STREET ADDRESS (If		
5	sength of s	tay in Baltimore	32 Ye	ars Days E. MARRIED.	118 N. Colling		Under Year If Under 24 Hours
	_		WIDOW	ED, DIVORCED (Specify)		last birthday) Mo	onths Doys Hours Min.
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wor	k dooeduring most	of working life, even if retired)		INDUSTRY		oreign country)	WHAT COUNTRY?
13	Housew FATHER'S N		I OWII	Home	Poland 14. MOTHER'S MAIDEN N	IAME	U.D.A.
	35	Vacalon			Sarah ?	A I I I I I	
15	. WAS DECEAS	Kessler	FORCES?	16. SOCIAL	17. INFORMANT		
(Ye	s, oo or uokoowo)	(If yes, give war or date	s of service)	SECURITY NO.			ollington Ave.
_	18. 4			CALLER	Mr. Alex Mashba	dum 110 N. O	INTERVAL BETWEEN
	7	SE OR CONDITION	DIRECTIV		OF DEATH		ONSET AND DEATH
	0.000	LEADING TO DEA	TH	m.	- dial	Jack	
	heart failu	re, asthenia, etc. It mea	ns the diseas	e, (A) /(
	injury or	complication which	aused death	.) DUE TO	grandial y		
-	STATE OF	ANTECEDENT CAUS	SES	4	esternie C	UD	
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EDICA	21A. ACCID	ENT WAS UNDER-	21B. PLA	CE OF INJURY (e. g., i	o or 21c. WHERE DID (If in Baltimore City,	1 100
	LYING OI	R CONTRIBUTING DEATH	about home, i	arm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
Σ	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
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	22 I hanah	y certify that I att			14 195/to	3/5- 10 1	7, that I last saw the
		live on have			rred at 11:45 Pm., from t		
	23A. SIGNA				3B. ADDRESS	ne causes and on th	23c. DATE SIGNED
	8.	H Oul	_	м. р.	Sozai Hosp	relat	Mar 6 1951
24 TI	A. BURIAL, CON, REMOVAL (S	CREMA- 24B. DATE		24c. NAME OF CEMETE		OCATION (City, town,	
	Burial	3/6/51		Hebrew Young, N	len, Windsor Mill	Rd Baltim	ore, Md.
	ATE RECEIVE		SSIGNATE	冷 导。	25 FUNERAL DIRECTOR		ADDRESS
	1AR 5 - 10		reter 1	Writings I. S.	dol Leurson + 6	dros. 11247.	north leve
	VS 150		A	n in the second			0 - \



54 0 51 2139

BALTIMORE CITY HEALTH DEPARTMENT

51 21.39

ВІ	RTH NO.			CERTIFIC	ATE	E OF DEATH	Register	red No.
1.	NAME OF DI ype or Print)	part of the same o	USF E	=. Covie	- 1/		2. DATE OF DEATH	3/4/51
A.		EATH: City, Maryland				4. USUAL RESIDENCE (W		ed. If institution: residence Y before admission)
H	FULL NAME OSPITAL OR STITUTION	6 345.	7		ress or ation)	BALTIMOR	E /-	limits, write RURAL and give township)
6	Length of st	tay in Baltimore			Yrs. Mos. Days	b. STREET ADDRESS (If I		AUE.
5.	SEX	6. COLOR DR RACE	WIDOW	e, married, ed, divorced (8 4 <i>RRIEO</i>	Specify)	MARCH 24/80	9. AGE (in yea last birthday	Months: Days Hours Min.
	done during most o	CUPATION (Givekind or f working life, even if retired EWIPE		OF BUSINESS OF INDU		11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY
13	FATHER'S N	IAME //	am Ac.	K		14. MOTHER'S MAIDEN NA	WINST	EAD .
15 (Ye	. WAS DECEASE s, no nr unknown)	D EVER IN U. S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY	NO.	17. INFORMANT H. FILMORE CON	LEY 63	ADDRESS 45. DECKER ST.
-ICATION	(This does heart failu injury or DISEASE:	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS. HE ABDVE CAUSE (A VING CONDITION L	of dying, e. 1 ans the diseas caused death SES IF ANY, GIVIN STATING TI	(B)		erebol Hem m. artinis-sch		7. J.
CERTIF	TRIBUTING	II SIGNIFICANT CONE TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	ŁD .				
SAL		0		FINDINGS OF				20. AUTOPSY?
MEDICA	HOMICIDE	(Specify) (Month) (Day) (Year	about home,		e bldg.,e	etc.) INJURY OCCUR?		City, give exact location)
	22. I hereb deceased al 23A. SIGNA		tended the	deceased from.	Occur	126, 1951, to more at 11:50 mi, from to 38. ADDRESS & Saster	he causes and	19.54, that I last saw th on the date stated above 23c. DATE SIGNED 3-5-51
TI	AA. BURIAL. (SON REMOVAL (SON REMOVAL (SON REMOVAL (SON RECEIVE OCAL REGIST	D BY REGISTRAF	5/		0.	RY DR CREMATORY 24D. L.	PALCAU,	ADDRESS
14 .	IR 6 = 195	1 1	inter 1	Mushing 1/30	•	JOHN T. VENN	YINC 7	15 LIGHT ST -30

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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deceased alive on 3/4/5/19 and that death occurred at 12 m., from the eauses and on the date stated at 23A. SIGNATURE.	CAUSE OF OEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from Codecased alive on 3/4/5/19 and that death oc	URRED 21F. HOW DID INJURY OCCUR? ORK 2/3 7/5/, 19 / to 3/5 / 5/, 19 , that I law courred at 12 2 m., from the causes and on the date sta	ted above.
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"pneumonectomy at Lutheran Hospital of Maryland (WBGH) two years ago diagnosis bronchogenic carcinoma GR III 3/29/51 ES

51 2141 51 2141 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY hefore admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township Munore O. STREET ADDESS Yrs. (If rural, give location) c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In year: | | Under | Year | | Under 24 Hauss last birth ay) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify Marvie 10A. USUAL OCCUPATION (Glvekindof) 108, KIND OF BUSINESS OR 11. BIRTHERACE (State or foreign country) 12. CITIZEN OF cork done during most of working life, even if retired) INDUSTR WHAT COUNTRY? wer rouges 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH 18. 20.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING OUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-W TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 20. AUTOPSY? 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICA 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) F INJURY NOT WHILE WHILE AT WORK Mar 5 , 1951, that I last saw the 195/. to_ 22. I hereby certify that I attended the deceased from deceased alive on Trace 3. 19 57, and that death occurred at 5 77 m. from the causes and on the date stated above. 238. ADDRESS 23A. SIGNATURE MAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A BURYAL CREMA-248 DATE wua FUNERAL PIRECTOR ADERESS REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR VS 150

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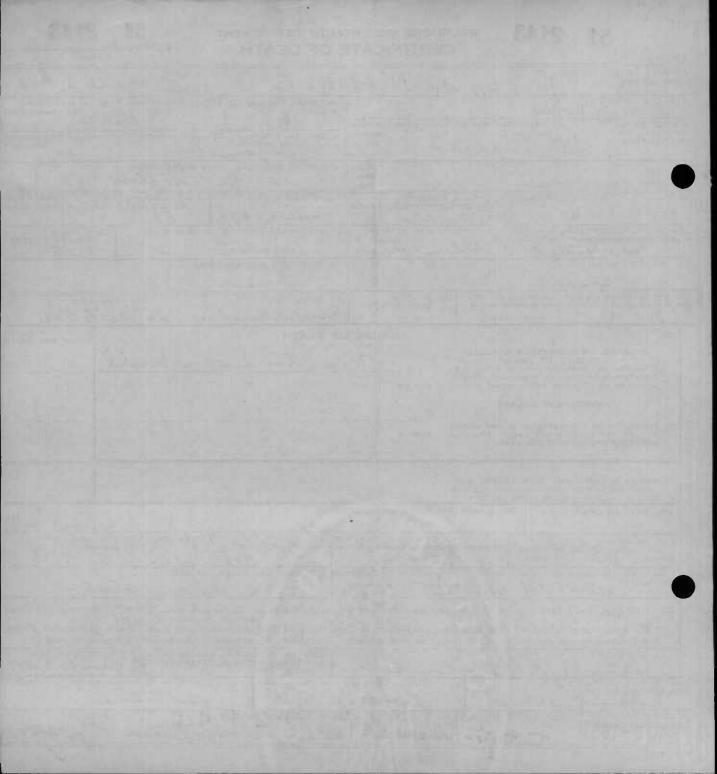
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO. CERTIFICATE OF DEATH Registered No.						
(Type or Print) Comph Ulizoboth D Tohngon						
DEATH(- O - O I						
A. Baltimore City, Maryland B. COUNTY	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or						
HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits,	(If outside corporate limits, write RURAL and give					
Provident Hospital Balto.	Balto. / We Ol township)					
Yrs. D. STREET ADDRESS (If rural, give location)	D. STREET ADDRESS (If rural, give location)					
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	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year Il Under 24 Hours					
WIDOWED, DIVORCED (Specify) last birthday) Mont	hs Days Hours Min.					
<u>w</u> C W 5-9-90 60	-					
10A. USUAL OCCUPATION (Give kind of work dooe during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?					
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13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME						
Charles Johnson Sarah E. Bond						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or uokoowo) (If yee, give war or dates of service) SECURITY NO.	RESS Md.					
Priscilla M. Smith-306 Pa. A	T.TOWSON					
	INTERVAL BETWEEN					
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH					
LEADING TO DEATH						
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
injury or complication which caused death.) DUE TO						
ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, IF ANY, GIVING						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED						
OTHER SIGNIFICANT CONDITIONS CON-	1 4 6 2/04					
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?					
AL CONTRACTOR OF THE CONTRACTO	YES NO					
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give						
YES 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? (If in Baltimore City, give exact local CAUSE OF DEATH						
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
F INJURY WHILE AT NOT WHILE						
m. WORK AT WORK						
22. I hereby certify that I attended the deceased from 3-4-, 1911, to 3-1-, 1911, that I deceased alive on 3-5-, 1911, and that death occurred at 8-74 m., from the causes and on the date s						
- Lange Hill Harder DM. D. 1. 1 / Cherrison Al						
24A. BURIAL. CREMA- 24B. DATE 24C NAME OF CEMETERY OR CREMATORY 24D LOCATION (City, town, or	2-7-7					
TION, REMOVAL (Specify) 3-8-51 Jahren sale-bear Hathand Co. Md						
	P hil					
	60. Md					
LOCAL REGISTRAR REGISTRAR'S SIGNATURE 100 100 100 100 100 100 100 100 100 10	P his					
LOCAL REGISTRAR MARGE 1951 Amuel W. Sullu	60. Md					

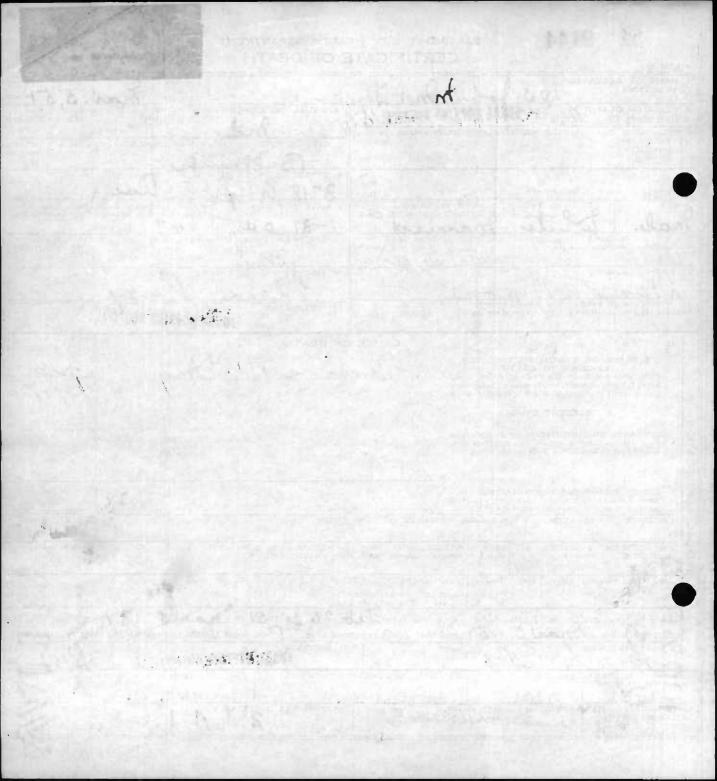
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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE NIESSNER March 3 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (f not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. Vas 201 Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE If Under | Year 7. SINGLE, MARRIED 9. AGE (In years | | Under | Year | | Under 24 Hours | last birthday | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) Jan. 30, 1870 Markica 11. BIRTHPLACE (State or foreign country) IOA. USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 12. CITIZEN OF work dune during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Oatmet- at 0,80 S. Owner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jareth 15. WAS DECEASED EVERUN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. no INTERVAL BETWEEN CAUSE OF DEATH 900.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, ctc. It means the disease. injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION | YES 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB-UTING CAUSE OF DEATH. about home, fartn, factory, street, office bldg., etc.) INJURY OCCUR? 201 OELLA 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? DF INJURY March 3 1851 WHILE AT 11 A m. down WORK Autopy, Inspection or Inquiry 22. I certify that I took charge of the remains described above, held an the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.... MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24p. LOCATION (City, town, or county) 248. DATE 7-51 DATE RECEIVED BY 25. FUNERAL DIRECTOR **ADDRESS** MAR 6 1951



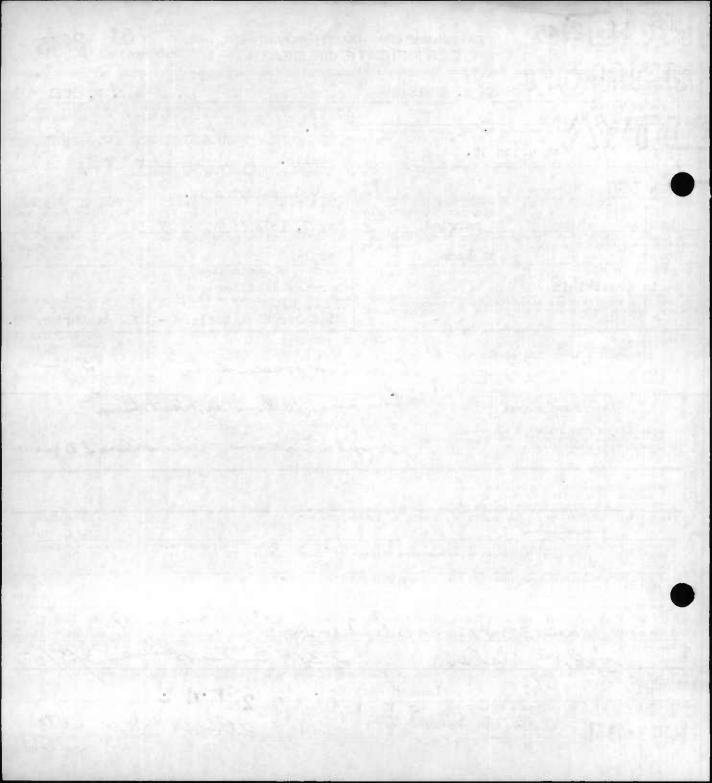
В	IRTH NO.	CERTIFICAT	E OF DEATH	Registered N	Vo	
	NAME OF DECEASED Type or Print)	m mide y	Row	2. DATE OF DEATH	25.551	
	Baltimore City, Maryland	KIBS BOSPITAL/	4. USUAL RESIDENCE		institution: residence before admission)	
H	FULL NAME OF (If not in hospita for institu OSPITAL OR NSTITUTION	tion, give street address or location)		(If outside corporate limit	s, write RURAL and give township)	
2	3	Yrs.	Balte	If rural, give location)	township)	
	Length of stay in Baltimore	Mos. Days	3717 Colle	as P. B. Que	4	
Q		E, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH		Under 1 Year II Under 24 Hours nths Days Hours Min.	
10	DA. USUAL OCCUPATION (Give kind of 10B, KIN)	D OF BUSINESS OR	1-31-0 H	foreign country)	12. CITIZEN OF	
WOI	A dopeduring most of working life, even if retired)	al Surpercy	md.		WHAT COUNTRY?	
1:	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME O		
1	MAS DECEASED EVER IN U. S. ARMID FORCES?	1 16. SOCIAL	Plana	. Perry		
(Y	(Yes, no or unknown) (If yes, give war or estes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO.				DORESS	
	18. /63 × ,	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	/ / / / /	inoma D.	t line	3 who	
	(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused deat	186,	<i>b</i>	i sung	8) Ses motors	
	ANTECEDENT CAUSES				0-1	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
V	RISE TO THE ABOVE CAUSE (A) STATING TUNDERLYING CONDITION LAST.	THE DUE TO				
FIF	п	(C)				
ER	OTHER SIGNIFICANT CONDITIONS CO	LFD				
7	19A. DATE OF OPERATION 19B. MAJOR	R FINDINGS OF OPER	RATION		20. AUTOPSY?	
ICA		ACE OF INJURY (e. g., i		(If in Baltimore City, g	ves No versive exact location)	
MEDIC	HOMICIDE (Specify) about home,	, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?			
	21D. TIME (Month) (Day) (Year) (Hour) PF INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE		RY OCCUR?		
	m.	WORK AT WORK		mar 5, 195	100000000000000000000000000000000000000	
	deceased alive on 5, 1951,					
	23A. SIGNATURE	100 Page 184	38. ADDRESS	INS HOSPIAL	23c. DATE SIGNED	
2	4A. BURIAL, GREMA: 24B. DATE ON, REMOVAL (Specify)	M. D. 24C. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town,	or county) (State)	
Burial 3/8/51 Hampstead Cem. Hampstead, Md.						
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNAPURE MAR 6 = 1351						
	VS 150	03285		4	7) md.	
		00		A SECURITION OF SECURITION ASSESSMENT	-	



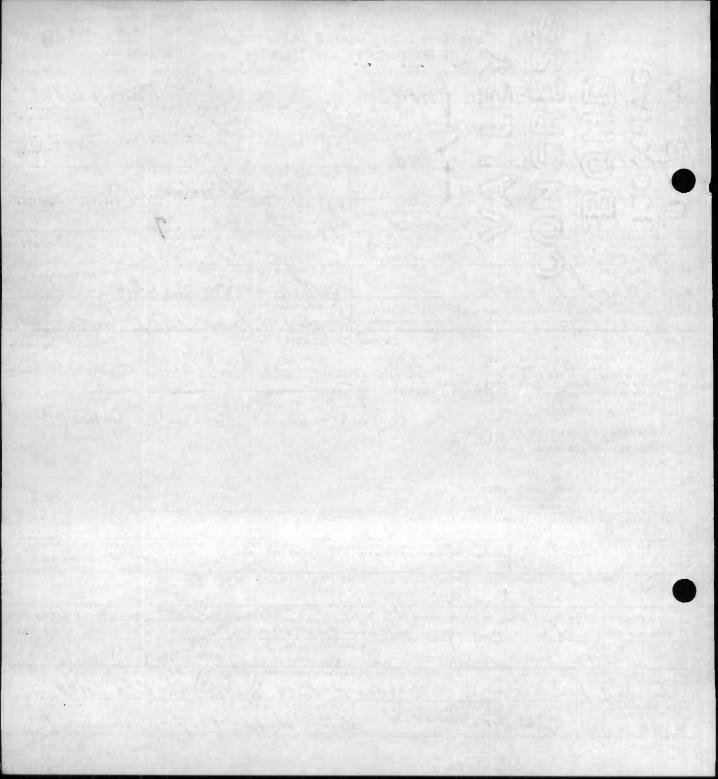
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2145 Registered No.

BIRTH NO.		- 1	CERTIFICATI	E OF DEAT	П			
1. NAME OF (Type or Print)		ELEN K	. EBELEIN			2. DATE OF DEATH	ar. 3, 1	951
	City, Maryland			4. USUAL RESID A. STATE Md.	ENCE (Who		. If institution befo	residence ore admission)
B. FULL NAME HOSPITAL OR INSTITUTION	1003 Ashburt		ion, give street address or location)	c. CITY OR TOWN	N (If ou	itside corporate li	mits, write RU	RAL and give township)
ength of	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDR				
5. SEX female	6.COLOR OR RACE	WIDOW	E. MARRIED, /ED, DIVORCED (Specify) rried	8. DATE OF BIRTI	H	9. AGE (In years	If Under Year Months Days	if Under 24 Hours Hours Min.
10A. USUAL Owork dooe during mos Housewi	CCUPATION (Give kind of t of working life, even if retired)	108. KIND	OF BUSINESS OR	May 7, 1873 11. BIRTHPLACE (Maryland	(State or fore		12. CITIZ WHAT	EN OF
	raecklein			Dorothy Sel		1E		
15. WAS DECEAS	SED EVER IN U. S. ARMEI	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Miss Doroth	hea Ebe	lein - 10	ADDRESS 03 Ashbu	rton St.
Z DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA' es not mean the mode o lure, asthenia, etc. It mea r complication which o ANTECEDENT CAUS ES OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	FH f dying, e. ; ns the disease eaused death SES F ANY, GIVIN STATING TH	(B) DUE TO COLOR	i Myse. i Wal.	ud valar	the State of a Carterior	Servit ?	gen.
TRIBUTING TO THE	SIGNIFICANT CONDI	NOT RELATE	D	ATION				UTOPSY?
21A. ACCI	DENT WAS UNDER-	21B. PL/	ACE OF INJURY (e. g., li arm,factory,street,office bldg.,e	or 21c. WHERE D	DID (If	in Baltimore Cit;	YES	No 🗌
Z CAUSE OF	(Month) (Day) (Year)		21E. INJURY OCCURRI	ED 21F. HOW DID	YAULNI C	OCCUR?		
	alive on hand 3		.) -	7 , 19 v red at 2:30 m.	, to h.	causes and or	the date st	ated above.
24A. BURIAL. TION, REMOVAL (BUCIAL	CREMA: 24B. DATE Specify) 3/6/51		M. D. 24c. NAME OF CEMETER Loudon Park			A MdQ		(State)
DATE RECEIVI	TRAR REGISTRAR	SSIGNATA	Mania, Agus	25 UNERAL DIR	1 2 3 4 5	ner 44	Mo- Q	atto,
VS 150	100	6 3 3 3 7	1 1 4 2 7 8				0->	IVVa



B	CERTIFICAT	E OF DEATH	Registered No)
	NAME OF DECEASED		2. DATE	
	ype or Print) Margaret Ellem Knott		DEATH Marc	44-1951
3.	PLACE OF DEATH	1	ere deceased lived. If in	
	Baltimore City, Maryland	A. STATE	B. COUNTY	before admission)
	FULL NAME OF (If not in hospital or institution, give street address of location)		utside cornerate limits	write RURAL and give
	STITUTION T T/ MC / 3- 7	R. C.	0-1-11-1	township)
#	OSPILAL MONTHE WOTHERT Of 1170.	o. STREET ADDRESS (If ru	ral, give location)	9 39
	Yrs. Mos.		4	
0.	Length of stay in Baltimore Days		idea av	
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify		9. AGE (in years 10 last birthday) Mon	ndar 1 Yest Il Under 24 Hours ths: Days Hours : Min.
	T. While Widowed	Die 3= 1893	57-	
	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR Adopting most of working life even if retired)	11. BIRTHPLACE (State or for	eign count(s)	2 CITIZEN OF WHAT COUNTRY
401	House with Own Home	Balto	md.	
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAT	ME	
1	Hallout Burns	No Theorise Co	mathe	
11	. WAS DECEASED EVER IN U. S. RMED FORCES? 16. SOCIAL	2 WINGHEST CO.	140	DRESS
(Ye	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17 INFORMANT	el in way	UKESS A
	No The	vougles 4. Thol	131700	udga uo
	18. 443 X , CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	0 1 1	9/	-1
	(This does not mean the mode of dying, e.g., (A)	sing Cerebral	Demanho	ge Johour
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO			
		2.		1.
	ANTECEDENT CAUSES	rtensive Cardio	vascular D	voore years
O	DISEASES OR CONDITIONS, IF ANY, GIVING			
ATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
U				
E	(C)			
2	OTHER SIGNIFICANT CONDITIONS CON-			
H	TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE GISEASE OR CONGITION CAUSING IT.			
1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
M	V			YES NO
DIC	21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e. g., HOMICIDE (Specify) about home, farm, factory, street, office bidg		in Baltimore City, gi	ve exact location)
E	HOWICIDE (Openia)			
Σ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY WHILE AT NOT WHIL		Lat	
	m. work AT WORK) Rel	3/4 105	41 n4 7 1 n 4 n n n 42
	22. I hereby certify that I attended the deceased from	19.51, to		that I last saw th
	deceased alive on 3/9, 1951, and that death ocer	228. ADDRESS	e causes and yn th	23c. PATE SIGNED
	23A SIGNATURE	S. ADDRESS	spilal	3/4/51
-	4A. BURIAL, CREMA-1 24B. DATE 24C. NAME OF CEMET	FRY OF CREMATORY 240 LO	CATION (City, town,	or county) (State)
1	ON: REMOVAL (Specify)	2010	1300 100	WI
	1341194 1/0/3/ 1/012(4)		カクマイイと	ADDRESS
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	1 2 21 7	ADDRESS X
13	MAR 6-1051 Tuntu gum / Im	N = Gok Juc, 1.	217 ST. Pa	ul of.
-	WE 150 133)		,	001
H	VS 150			9 2 1)



2117 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE ('Type or Print) OF KENNETH WALLACE, JR. March 5, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF Maryland I'f not in hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 3702 Gibbons Avenue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Gibbons Avenue Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) It Budet I Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Male White 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) clearly 12. CITIZEN OF work done daring most of working life, even if retired) INDUSTRY WHAT COUNTRY?)tuden 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, peropunknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, peropunknown) SECURITY NO causes NTERVAL BETWEEN 18. CAUSE OF DEATH 19.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Gunshot wound of chest (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Physicians: RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING TO CAUSE OF DEATH. 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 24 Home 3702 Gibbons Avenue 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY March 5 8:00 A .m. Firearms 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \boxtimes , suicide \square , homicide \square , undetermined \square . 23B. CHIEF MEDICAL EXAMINER..... 234. SIGNATURE 23c. DATE SIGNED age ASSISTANT MEDICAL EXAMINER.... March 5. MEDICAL INVESTIGATOR 24A. BURIAL. -CREMA-24B. DATE 24c, NAME OF CEMETERY OR GREMATORY 24D. LOCATION (City, town, or county) TION REMOVAL (Specify) unal REGISTRAR'S SIGNATURE DATE RECEIVED BY 25. FUNERAL DRECTOR ADDRESS OCAL REGISTRAR 194

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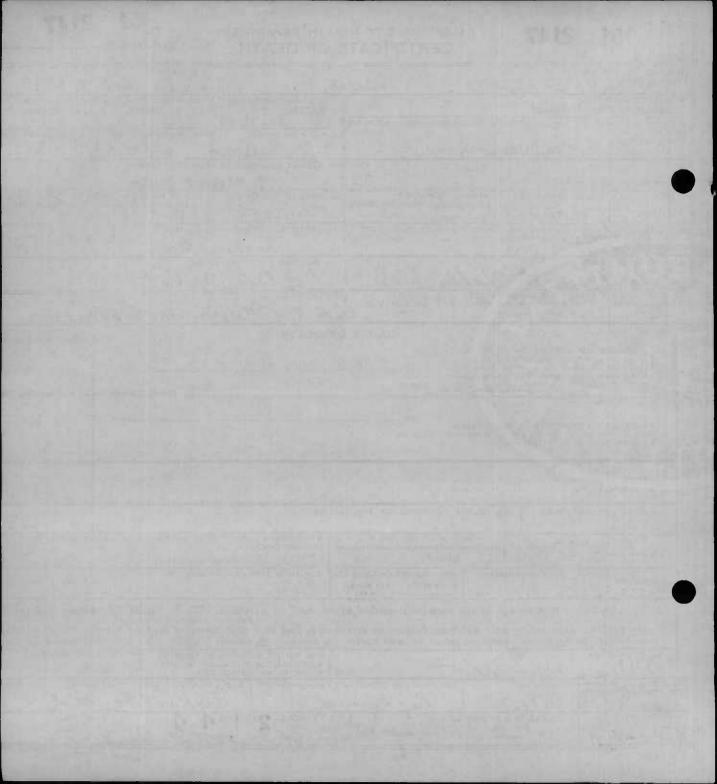
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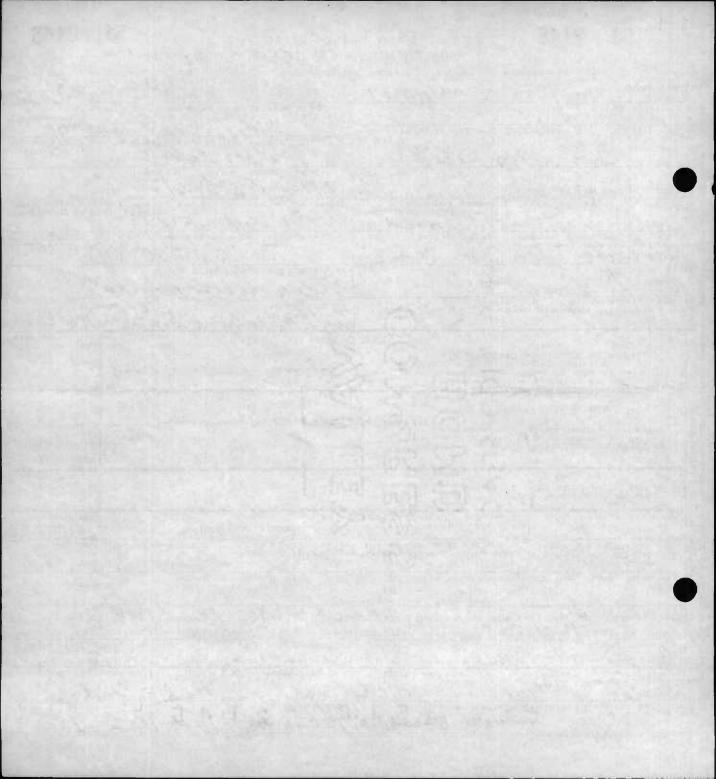
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

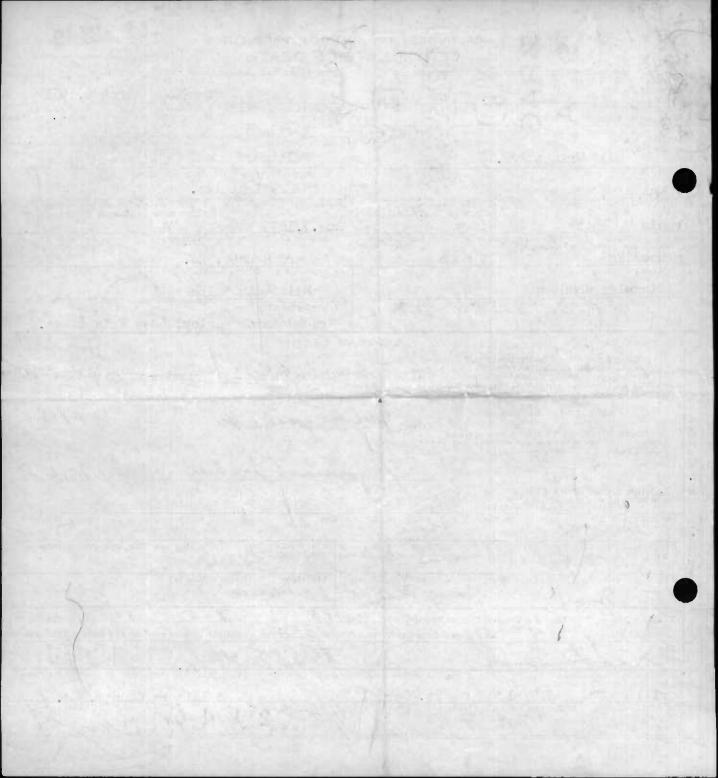
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В	IRTH NO. CERTIFICAT	E OF DEATH	Registered No.
	NAME OF DECEASED	2.	DATE 2/ 205
<u> </u>	Type or Print) Flurence R. Middle t	on	OF DEATH 5/17/ Jan
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where	deceased lived If institution : residence
В.	FULL NAME OF (If not in hospital or institution, give street address or	1 200	B. COUNTY Balto
	OSPITAL OR location		ide corporate limits, write RURAL and give
1	Janas Hospital	Koszal	a Ka
	Yrs.	D. STREET ADDRESS (If rura	l, give location)
6	Length of stay in Baltimore Mos. Days	7916 332	ST/ 2200
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIBOWED, DIVORCED SPECIFY.	8. DATE OF BIRTH 9.	AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min.
7	EMARCE Wholz Married	118/1894	5 7 Min.
10	A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreig	
1	Total 4 under Industry	Balto	WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Way 1. Houraste	Ellen Rumn	ICAN Ila
15	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL s. no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	5 % /ADDRESS
(16	e, no or unknown) (If yee, give war or dates of service) SECURITY NO.	To Middleton	2 1 1/1/20 /
_	18. 2 d A C	OF DEATH	Sen ou Nante Cluz
	DISEASE OR CONDITION DIRECTLY	OF DEATH	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	Bulmana Le	
	heart failure, asthenia, etc. It means the disease	. /	ra as-a
	injury or complication which caused death.) DUE TOUR	erans	
	ANTECEDENT CAUSES		
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F	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
CA	UNDERLYING CONDITION LAST. (C)		
ĬL.			
RT	OTHER SIGNIFICANT CONDITIONS CON-		
M	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
,	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
EDICAL			YES NO
20	21A. ACCIDENT WAS UNDER. 218. PLACE OF INJURY (e. g., i		Baltimore City, give exact location)
	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	stc.) INJURY OCCUR?	
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OF	CUR?
	F INJURY WHILE AT NOT WHILE		
h	m. work AT WORK	9 11 51/ 20	1- 4
	22. I hereby certify that I attended the deceased from Ma	7, 193, to 196	
	deceased alive on March 5, 195 . and that death occur		auses and on the date stated above.
	23A SIGNATURE It. Rulin 2	3B. ADDRESS	23C. DATE SIGNED
2	M. D. AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	BY OB CREMATORY 3 15 LOCAL	7 / March 5 195/
Tre	ON REMOVAL (Specify) 3/14	7	TION (City, town, or county) (State)
-	Burial 9/15/ MT. C	(525)	secto. Md.
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
-	ARC 1941	0 = Ook Acc. 12/7	St. Punk V.
11	IAVs950	/	730

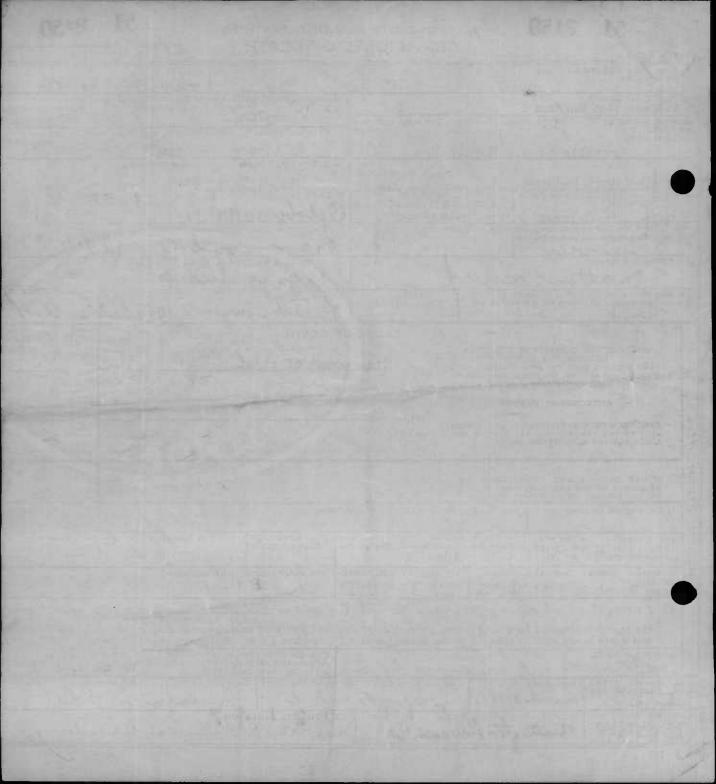


BALTIMORE CITY HEALTH DEPARTMENT

and .	620 51 2119 BA	LTIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	51 Registered No	2149
	1. NAME OF DECEASED (Type or Print)	PAGG		2. DATE OF Marc	h 5,1951
-	3. PLACE OF DEATH: A. Baltimore City, Maryland	CROSS	4. USUAL RESIDENCE (W		
	B. FULL NAME OF (If not in hospital or institution under the state of	ntion, give street address or location)	Maryland c. CITY OR TOWN Baltimore	outside corporate limits,	RURAL and give township)
	Length of stay in Baltimore	Yrs. Mos.	b. STREET ADDRESS (Mr. 14837 Wright A		> 7
=	5. SEX 6. COLOR OR RACE 7. SINGE	Days E. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH Aug. 7.1875	9. AGE (In years II Un	nder I Year H Under 24 Hours his Days Hours Min.
•		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Howard County,		2. CITIZEN OF WHAT COUNTRYS
	13. FATHER'S NAME Nicholas Johnson	TOME	14. MOTHER'S MAIDEN NA Elizabeth Sm	ME	X - TEFF
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unboown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs Adelaide Hai	ADE	DRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise; injury or complication which caused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	g., (A) asle see, bb.) DUE TO	reselecte C.V. D. Leynerster readed Fick		H-8-50
3	OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	TED			
		R FINDINGS OF OPER			YES NO
2	HOMICIDE (Specify) about home	ACE OF INJURY (e. g., lo	to.) INJURY OCCUP?	f in Baltimore City, giv	e exact location)
	21D. TIME (Month) (Day) (Year) (Hour) F INJURY m.	WHILE AT WORK AT WORK] lessen		
and and	22. I hereby certify that I attended the deceased alive on 2 - 4 . 1951	and that death occur		ic causes and on the	
95	24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 3/7/51 DATE RECEIVED BY LOCAL REGISTRAR MARCHISTIAN	Mt. Carmel		OCATION (City, town, or Oltimore County)	



1	62 0 ₅	1 2150			EALTH DEPARTME		51 tered No	2150
=	. NAME OF D	ECEASED				I 2. DATE		
	Type or Print)		IOS	MYERS		OF DEATH	March	2, 1951
	Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE	E (Where deceased		itution : residence before admission)
В	FULL NAME		tal or institution	on, give street address o				
	NSTITUTION			location	C. CITT OR TOWN	10.	ate limits, w	rite RURAL and give township)
	F)	canklin Squar	e Hosni	tal Yrs.	Baltimor	3	tion)	
	enoth of s	tay in Baltimore		Mos. Days		rev St.		
	SEX	6. COLOR OR RACE		MARRIED.	8. DATE OF BIRTH	9. AGE (In)	rears It Under	
	Male	Colored		ED, DIVORCED (Specify	Octoberso	1919 31	iay) Months	Days Hours Min.
1 1	OA. USUAL OC	CUPATION (Give kind of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State	e or foreign country)	12.	CITIZEN OF
	10	borer		9	manni	g, S.C.	u	S'A
1	3. FATHER'S N	NAME			14. MOTHER'S MAIDE	NAME		
-		atten r	nyer	7 '	agnis	sharp.		
(Y	es, no or unknown)	D EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		II JODE	RESS
-	no				1 July m	yes. 10	16 Len	den ave.
	18. E.9	82× 1		CAUSE	OF DEATH			ONSET AND DEATH
		LEADING TO DEA	TH	Stah	wound of chest			
,	heart failu	re, asthenia, etc. It mes complication which	ans the disease		wound of chest	,	•••••••	**
	injury or	ANTECEDENT CAU) OUE TO				
				(8)				
Q	RISE TO T	OR CONDITIONS, I	STATING TH					
AT	UNDERLY	ING CONDITION L	AST.	(C)	***************************************	******	•••••	***************************************
RTIFICATION		11						
RH	TRIBUTING	IGNIFICANT COND	NOT RELATED					
CE		SEASE OR CONDITION F OPERATION 1	The second second second	FINDINGS OF OPER	PATION			20. AUTOPSY?
L	ISA. DATE O	POPERATION	JB, MAJON	I MOINGS OF OLE	TATION .		100	YES X NO
Q A		NAL CAUSE WAS	1 4 - 4 4	CE OF INJURY (e. g., sm, factory, street, office bldg.,		(If in Baltimore	City, give	exact location)
EDIC		G TO OR CONTRIB- AUSE OF DEATH.		ldewalk	1115 W.	. Lexington	St. ((Found)
Σ	21D. TIME (Month) (Day) (Year)	P	1E. INJURY OCCURR		JURY OCCUR?		
	und Mar	ch 2, 1951 1	U: 27m.	WORK NOT WHILE	KI Snarp inst			
	22. I certif	y that I took char	ge of the r	remains described	above, held an Auto	psy	: t1	hereon and from
1	the cvi	dence obtained by	said Autop	sy, Inspection or .	Inquiry, find that sai	psy. Inspection or I id deceased died	on the d	ay stated above,
	23A. SIGNAT		resulted fr	om: natural cause	s ☐, accident ☐, sui			
	St	anley /	. Du	lacher	ASSISTANT MEDIC	CAL EXAMINER		1 3, 1951
2	4A. BURIAL, C	REMA- 248. DATE	2.		RY OR CREMATORY 24		The same of the sa	PERSONAL PRINCIPAL PROPERTY.
	Shipper	U march !	7,1951	Sunti	, S.C.	Sumter	., -	8.0.
	ATE RECEIVED		SIGNATUR	RED	25, FUNERAL DIRECT	. 1 6 01 .		DRESS
N	AR 6 - 19	51 hustin	for 1114	cause, Africa	mrs. Katie R.	Williams.	3227	V. Schiselt
\	S 151	6/	100	63300			11	7/
	14	- 867.2		11911			1.0	1

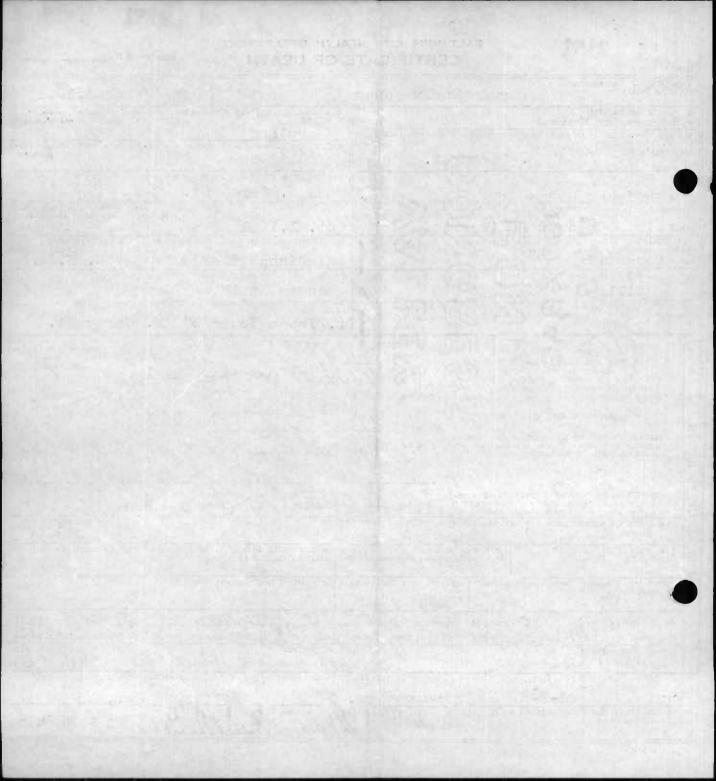


51 2151

BALTIMORE CITY HEALTH DEPARTMENT

Registered No ._

BIRTH	NO.			CERTIFICAT	E OF DEAT	H Registered No.	
	ME OF D	eceased Gêr	trude	Busby Young		2. DATE OF March	3,1951
A. Bal	CE OF D ltimore (L NAME ITAL OR TUTION	City, Maryland OF (If not in hospit		ion, give street address or location)	A. STATE L'A.TV PA.N C. CITY OR TOWN	(If outside corporate limits, w	before admission)
0.0		532 N.	Carey	Yrs.		ESS (If rural, give location)	township)
c. Ler		tay in Baltimore	7 61061	Mos. Days	8. DATE OF BIRTH		r 1 Year If Under 24 Hows
Fem	ale .	Colored	Mar	red divorced (Specify)	Oct. 1,19	01 last birthday) Months	
work done	SUAL OC during most of House	CUPATION (Give kind of of working life, even if retired) Wife	10B. KIND	OF BUSINESS OR INDUSTRY	Indiana		CITIZEN OF WHAT COUNTRY?
13. FA	THER'S N	liom Busby			14. MOTHER'S MA		
15. WA		D EVER IN U. S. ARMET	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Young 532 N. Care	
ERTIFICATION	DISEASE: RISE TO TUNDERLY OTHER STRIBUTING	s not mean the mode of the asthenia, etc. It mean the mode of the complication which of the complication which of the complication which of the complication of the above cause (A) and the complication of the complication of the death, but	ns the disease aused death SES F ANY, GIVIN STATING THE ST. TIONS CON NOT RELATE	(B)	certan	A Ly aution	
1 19/		OF OPERATION O		FINDINGS OF OPER	RATION		20. AUTOPSY?
М НО	MICIDE	ENT. SUICIDE. (Specify) (Month) (Day) (Year)	(Hour)	CE OF INJURY (e.g., arm, factory, atreet, office bldg., 21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F, HOW DID		
24A. TION, R	-	CREMA- 24B/DATE	2951,	1 11	rred at 19 m. 23B. ADDRESS 413 A Number of CREMATORY	from the causes and on the causes and causes an	much 5/51
DATE	RECEIVE L REGIST	D BY REGISTRAR			FUNERAL DIS	Baltimore Co., acrok Alicabe 578	W. Biddle St.
7	VS 150	- Landa	9				920



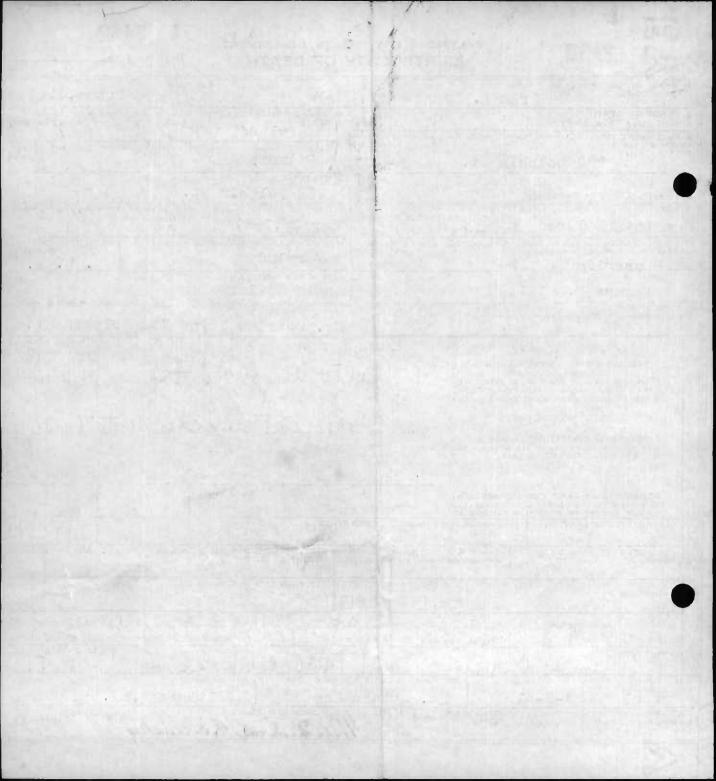
P. 500 51. 2152

BALTIMORE CITY HEALTH DEPARTMENT

51 21.52

Registered No.__

B	BIRTH NO.		CERTIFICATI	E OF DEATH	Registered	140.
1	NAME OF DECEASED	1 .0 .1. T	71		2. DATE	rch 4,1951
_	N. C.	Barah L.	Payne		DEATH	
	. PLACE OF DEATH: . Baltimore City, Marylan	d		4. USUAL RESIDENCE	(Where deceased lived, I B. COUNTY	f institution : residence before admission)
В	FULL NAME OF (If not in		tion, give street address or			
H	IOSPITAL OR NSTITUTION		location)	C. CITT OK TOWN	(If outside corporate limi	ts, write RURAL and give
1	732 Do	lphin St.		Baltimore		township
			Yrs.	D. STREET ADDRESS (4.60	
6	Length of stay in Baltim	ore	Mos. Days	732 Dolphi:	n St. 17	03
5	SEX 6. COLOR OR		E. MARRIED.	8. DATE OF BIRTH	9. AGE (in years	Il Under 1 Year Il Under 24 Hours
E	'emale Colore	Marri	WED, DIVORCED (Specify)	May 28,1887	63	onths Days Hours Min.
10	OA. USUAL OCCUPATION (GIV	kind of 10B. KIN	D OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF
WOI	rk done during most of working life, even if	retired)	INDUSTRY	Maryand		WHAT COUNTRY
13	Housewife 3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	I U. S. A.
	Thomas H. E	Tie		Annie Fowler	NAME.	
11	5. WAS DECEASED EVER IN U. S.					
(Y	es, no or unknown) (If yes, give war	or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
				Mr. Charles	Payne 732 D	orburn st.
	18. 444x		CAUSE	OF DEATH	4	INTERVAL BETWEEN
	DISEASE OR CONDI	TION DIRECTLY		+ 7.	1.1	ONSET AND DEATH
	(This does not mean the	DEATH mode of dving e	a allu	le llugaco	ulits	Long
	heart failure, asthenia, etc.	It means the disea	ase,			4
			.n.) DOE 10			
	ANTECEDENT	CAUSES	P	whaten	sion ac	107/0.0
Ó	DISEASES OR CONDITIO	ONS, IF ANY, GIVE	(B)		ALLOW INC	ace I vays
CATION	UNDERLYING CONDITI	E (A) STATING	THE DUE TO	1//		
O						U
TH	11		(C)			
	OTHER SIGNIFICANT					
B	TRIBUTING TO THE DEATH					
	19A. DATE OF OPERATION		R FINDINGS OF OPER	RATION		20. AUTOPSY?
CA						YES NO
100	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		ACE OF INJURY (e. g., i, farm, factory, street, office bldg.,		(If in Baltimore City,	give exact location)
IEDI	(Specify)	arout nome	, racing ricous y, see out, outso mage,	INSORT GGGGKT		
Σ	21D. TIME (Month) (Day)	(Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
	F INJURY		WHILE AT NOT WHILE			
		m. j	WORK LAT WORK		3.1	
	22. I hereby certify that					that I last saw th
	deceased alive on 3	1941,	and that death occur		the eauses and on	the date stated above
	23A. SIGNATURE	Robers	2	3B. ADDRESS	A A	23C. DATE SIGNED
-	4A. BURIAL, CREMA- 24B. D	MAN	M. D.	1400 CK	are .	12.4.1
TI	ON, REMOVAL (Specify)		24C. NAME OF CEMETE		LOCATION (City, town	
	Burial 3-8	, ,	. Mr. Auburn		altimore, M	ld •
		TRAR'S SIGNAT	Yes aud, Mer	25. FUNERAL DIRECTOR	21/	ADDRESS W. Biddle St.
I	MAR 5 - 1951			Medianes	1. Hewely	A AMOUNTO SE



D-400 51 21.53

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 21.53

ВІ	RTH NO.		(CERTIFICATI	E OF DEATH	Registered	140
	NAME OF D	ECEASED	LOUTGA	DOWN III		2. DATE OF Mos	rch 5, 1951.
3.	PLACE OF D	EATH: City, Maryland 21	LOUISA 2 Stones	DOYLE RIM Lane	4. USUAL RESIDENCE (V	Vhere deceased lived.	If institution : residence
В.	FULL NAME OSPITAL OR			n, give street address or location)	A. STATE Md.	B. COUNTY	before admission)
	STITUTION	Hillcrest N	ursing H	· · · · · · · · · · · · · · · · · · ·	c. CITY OR TOWN (If Baltimore	outside corporate lin	nits, write RURAL and give township)
				Yrs.	D. STREET ADDRESS (If		26-09
5.	Length of s	tay in Baltimore	7. SINGLE	Days Days	3411 Elli	ott St. 9. AGE (in years)	
	Female	White	WIDOWE	ED, DIVORCED (Specify)	December 18,1877	last birthday) 1	Months Days Hours Min.
10 wnr)	done during most	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	Reti:		House	e Work	Maryland 14. MOTHER'S MAIDEN N.	AME	U.S.A.
	Ohar!	les Adams			Veronica H	ess	
15 (Ye	. WAS DECEAS , no nr unknown)	ED EVER IN U. S. ARMEE (If yes, give war nr date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
_	18. 3 2	l v dad			Ferdinand Doyle OF DEATH	3411 E11101	INTERVAL BETWEEN
		SE OR CONDITION		P			ONSET AND DEATH
	heart failu	LEADING TO DEAT s not mean the mode oure, asthenia, etc. It mea	f dying, e. g. ns the disease,		bral Heronde	ze	3 days
	injury or	complication which c					
Z	DISEASE	ANTECEDENT CAUS		[D]	ulya acteurs	• • • • • • • • • • • • • • • • • • • •	
ATIC	RISE TO T	S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	STATING THE	DUE TO POT	sitele Dencision	a Stoma	
FIC				(c)		3 / ///	
ERTIFICATION		II IGNIFICANT CONDI					
CE	TO THE D	TO THE DEATH, BUT	CAUSING IT				
AL	ISA. DATE C	OF OPERATION 1	9B, MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., i m, factory, street, office bldg.,		If in Baltimore City	, give exact location)
Σ	21D. TIME OF INJURY	(Month) (Day) (Year)	`	1E. INJURY OCCURR		Y OCCUR?	
m. WHILE AT NOT WHILE AT WORK							
deceased alive on Much 1, 1911, and that death occurred at 10:30 m. from the causes and on the date stated ab							
		TURE Land Eleva				Balls 18	
24	A. BURIAL,	CREMA- 248, DATE		M. D.		OCATION (City, tow	
T10	Burial	March S	7,1951	Bacred Heart	emetery 2 470	l German Hil	11 Rd.Balto.Co.
	MAR 6	RAR REGISTRAR	SIGNATU	hisus Mr	75 FUNERAL DIRECTOR		onkling St.
	VS 150			720 81.	1 0		83a
				/			

business the said the said in the

Dr. newland, E. Day 46.337154

Be17901.8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2154

В	IRTH NO.			CERTIFICATI	E OF DEATH	Registered	No
1.	NAME OF D	ECEASED				2. DATE	
		Sr. Mary Lucin	na Sief	fert		DEATH Mar	
	Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived, I B. COUNTY	f institution: residence before admission)
В.	FULL NAME		al or institut	ion, give street address or	Maryland		
	OSPITAL OR	Motherhouse			c. CITY OR TOWN (If	outside corporate limi	ts, write RURAL and give township)
-0		901 Aisquith	Stree		Baltimore		
	TOUR !			Yrs. Mos.	D. STREET ADDRESS (If		
	Length of s	tay in Baltimore			901 Aisquith Str		
F	remale	White	WIDOM	E. MARRIED. VED DIVORCED (Specify) INGLE	July 14,1867	last birthday) M	onths Days Hours Min.
1C wor	A. USUAL OC k done during most of House wo	CUPATION (Give kind of of working life, even if retired) TK	Relig	o of Business or industry	Pittsburgh Pa.	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	
	Joseph	Sieffert			Mary Louise Dann	ner	
15	. WAS DECEASE	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	-	ADDRESS
(10	a, no or unknown)	(11 yes, give wer or date	or service)	SECURITY NO.	Sr.M.Stan.Kostka		901 Aisquith
	18. L/a	'0 X ,		CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION	DIRECTLY			100	ONSET AND DEATH
	(This does	LEADING TO DEA	f dying, e. i	Pneumo	nia Idasal,	belatand	Jagy
	heart failu	re, asthenia, etc. It mea complication which	ns the diseas	se,			
		ANTECEDENT CAUS			0.0	1	
Z				(B) NU	Joranders C	Lexue	10419
E S	RISE TO T	S OR CONDITIONS, I	STATING TI	NG HE DUE TO		1	
ERTIFICATION	UNDERLY	YING CONDITION LA	ST.		7 .071		7
E		11		(c) (s)	terial Hu	Reclan son	
문		SIGNIFICANT COND		N -			
S		G TO THE DEATH, BUT DISEASE OR CONDITION					
	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
V	01: 100:00	nne	1 04- 51		Lot- Wiles Bis /	To be to be to the control of the co	YES NO
MEDICA	HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., in farm, factory, atreet, office hidg., e		If in Baltimore City,	give exact location)
2	21D. TIME ((Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
			m.	WHILE AT NOT WHILE			
	22. I hereb	y certify that I att	ended the	deceased from 10,	6, , 1949, to ME	arch 5, ,195	1, that I last saw the
	deceased al	live on March 3		and that death occur	red at 2 P. Mm., from t	he causes and on	the date stated above.
	23A. SIGNA	TURE	19	P 2	3B. ADDRESS	10 M	23C. DATE SIGNED
-	11 0110141	com /	·on	м. р.	106/100	eu m	mar 951
TI	AA. BURIAL, ON REMOVAL (S	1 10	51	24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town	n, or county) (State)
_	DUKIF	3-7	-21	VILLAPIIS	1144 - 041	TGHCLIF	I IVI I DUUSOI
	ATE RECEIVE		SSIGNATI	Maddel Hall	35. FUNERAL DIRECTOR	10000	ADDRESS DO
_	MAR 6 -	1951	1		coplavels &.	Jever 701	J. Conkling St.
	VS 150						1000
13							108

deward of J.H. Ball -exhipt meter. II. 12

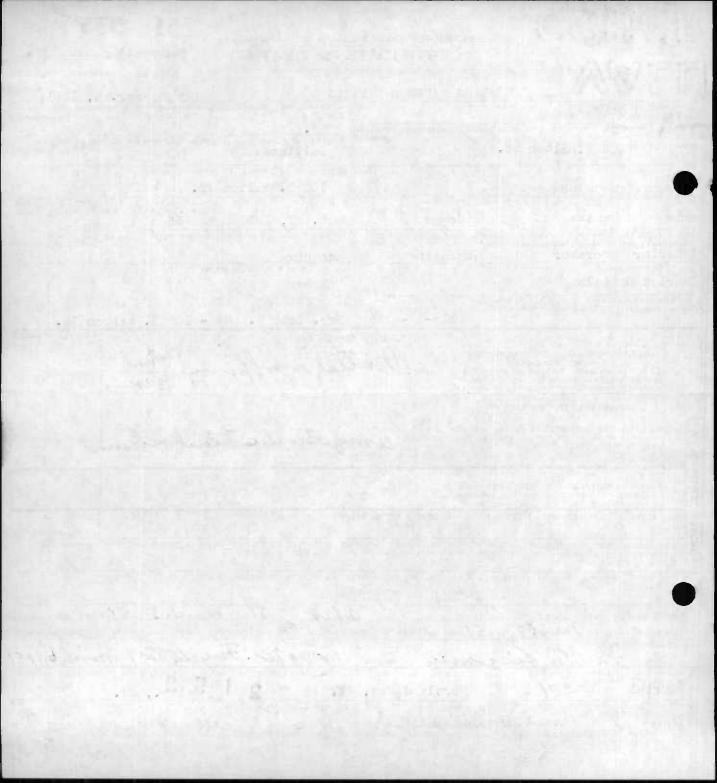
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 21.55

Registered No. BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF CHARLES MAYWOOD DANIELS DEATH Mar. 4. 195] 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside eorporate limits, write RURAL and give INSTITUTION 108 N. Hilton St. Baltimore townshin D. STREET ADDRESS (If rural, give location) Yrs. Mos. 108 N. Hilton St. ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) Il Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. male widowed Oct. 27, 1892 58 IOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Interior Decorator Decorating Kentucky 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Daniels Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no nr unknown) (If yes, give war or dates of service) SECURITY NO 8-07-9278 Mrs. Lois E. Law - 108 N. Hilton St. INTERVAL BETWEEN 18. CAUSE OF DEATH 56.1 ONSET AND DEATH Innspiring Sterios DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION Emy otroplice Feteral felerano. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONū TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? FINJURY WHILE AT NOT WHILE AT WORK WORK 19) (to_ manh 3. 195 (that I last saw the 22. I hereby eertifu that I attended the deceased from. deceased alive on many 3, 19 5 and that death occurred at 3 M. from the causes and on the date stated above. 23A. SIGNAPURE 24A. BURIAL. CREMA-TION REMOVAL (Specify) Burial 24D. LOCATION (City, town, or county) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY Balto. Md. Moreland Mem DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR I south work / Ithereted VS 150

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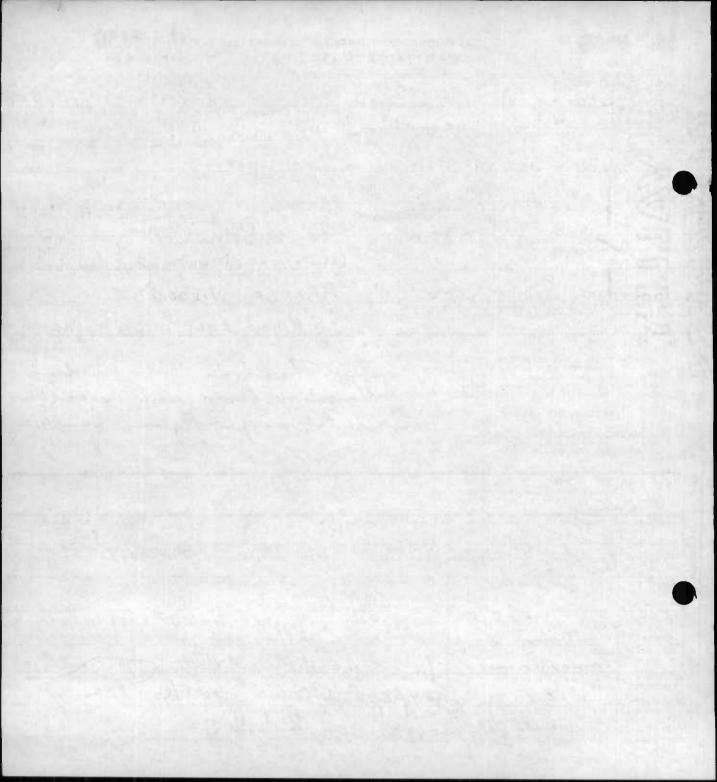


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BALTIMORE CITY HEALTH DEPARTMENT

51 21.56

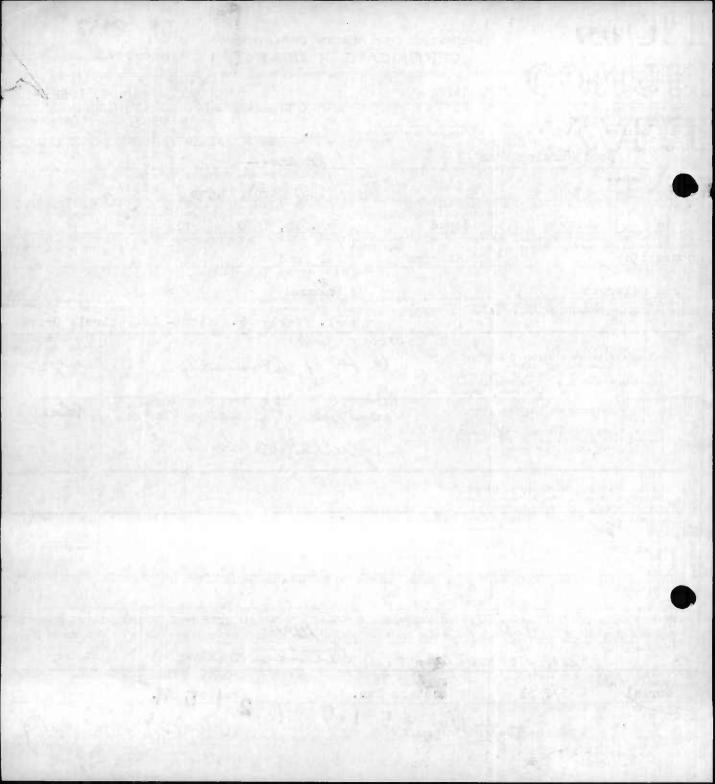
BIRTH NO.	CERTIFICAT	E OF DEATH	Registered N	VO
1. NAME OF DECEASED (Type or Print)	Miss Edith		2. DATE OF DEATH MAR	ch 5, 1957
	imore Md.	4. USUAL RESIDENCE	(Where deceased lived, It	institution : residence before admission)
HOSPITAL OR INSTITUTION	location)	c. CITY OR TOWN	(If outside corporate limit	s, write RURAL and give township)
Home to INCURAbles -	Yrs. Mos.	D. STREET ADDRESS		
5. SEX 6. COLOR OR RACE 7. SIN	GLE. MARRIED. DOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	f Under Year If Under 24 Hours onths; Days Hours; Min.
TOA. USUAL OCCUPATION (Give kind of 108. H	IND OF BUSINESS OR	11. BIRTHPLACE (State of	79 yrs.	12. CITIZEN OF
work done during most of working life, even if retired) 13. FATHER'S NAME	INDUSTRY	BALTIMORE,	Maryland	U.S.A.
	LLEE	AMANDA	Wilson	
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yos, no or nuknown) (If yos, give wer or dates of service)	S? 16. SOCIAL SECURITY NO.	S. C. ROSS	2568 Edman	dson Ave- City
18. 477. / DISEASE OR CONDITION DIRECT	1 .	OF DEATH		INTERVAL BETWEEN DNSET AND DEATH
(This does not mean the mode of dying heart failure, asthenia, etc. It means the d	e.g., (A) Cerel	al Thombo.	×	3 days
injury or complication which caused of	eath.) DUE TO Her	roselendu Car	olis. Vacc. Disc	see Several Years
DISEASES OR CONDITIONS, IF ANY, OR RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.	IVING THE DUE TO	e Fulmonary I	mplysoma	Veveral Years
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSI	LATED			
	JOR FINDINGS OF OPER	RATION		20. AUTOPSY?
LYING OR CONTRIBUTING Debout h	PLACE OF INJURY (e. g., i ome, farm, factory, street, office bldg.,		(If in Baltimore City, s	give exact location)
FINJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK		JRY OCCUR?	
22. I hereby certify that I attended	the deceased from Feb	may 151 201938, to	March 5= , 195), that I last saw the
deceased alive on Manho, 195 23A. SIGNATURE		23B. ADDRESS	Belt. 48	1 23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify) Burial	24F JAME OF CEMETE	Crest. 240	GOTATION City, town	Edua (State)
DATE RECEIVED BY REGISTRAR'S SIGN	Williams, Ila	Man 1 & refine	Loone Ba	to Md.



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	R.30	0

X	51	21.57
1	U.A.	Service Contract

BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH BIRTH NO. 1 1. NAME OF DECEASED 2. DATE (Type or Print) ANNA RAITH DEATH Mar. 4, 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland before admission) A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Hood Nursing Home Arbutus----Yrs. D. STREET ADDRESS (If rural, give location) Mos ength of stay in Baltimore 1257 Circle Drive Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years I Under I Year I Under 24 Hours last birthday) Months Days Hours Min. 8. DATE OF BIRTH If Under 24 Hours WIDOWED, DIVORCED (Specify) male white widowed Feb. 18, 1870 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? housewife at home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fred Deisruth Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mr. Charles F. Raith - 1257 Circle Drive CAUSE OF DEATH 151X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION | 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE! WHILE AT WORK 22. I hereby certify that I attended the deceased from_ , 19 / that I last saw the Am., from the causes and on the date stated above. 2 - 4 195 / and that death occurred at deceased alive on_ 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL. CRIMA-TION REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial Western Cem. 25 FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT Registered No .. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE March 6, 1951 KIRCHHOFF NICHOLAS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF 'f not in hospital or institution, give street address or Maryland HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) 310 S. Norris Street Baltimore D. STREET ADDRESS (If rural, give location) Mos. 310 S. Norris Street ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIXORCED (Specify) 9. AGE (In years If Under 1 Year In Under 24 Hours last birthday) Months Days Hours Min. If Under 24 Hours White 1QA. USUAL OCCUPATION (Give kind of THPLACE (State or foreign country) 108. KIND Q BUSINESS OR 12. CITIZEN OF done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Voror) mr do 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no pr nnknown) (If yes, give war or dates of service) ECURITY NO. 014 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES (B) ... CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 20. AUTOPSY? 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION CAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB UTING CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! AT WORK WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and douth in my opinion resulted from: natural eauses \, aecident \, suicide \, homicide \, undetermined \, ... 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED

246. BURIAL, CREMATIO, REMOVAL (Specify)

3/9/5

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ADDRESS

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AND 10

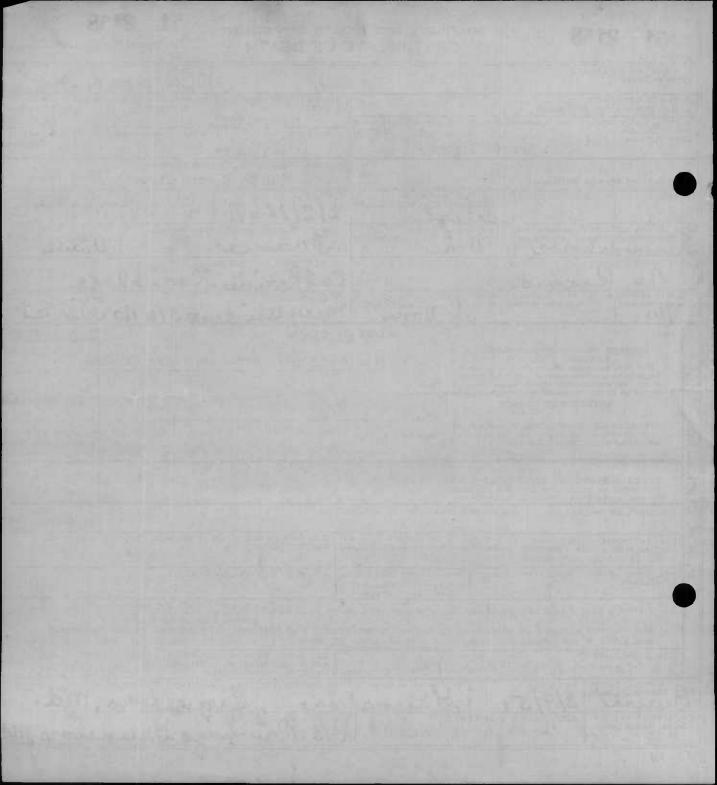
PAGE 151

PAGE 1

ASSISTANT MEDICAL EXAMINER

MEDICAL INVESTIGATOR

March 6

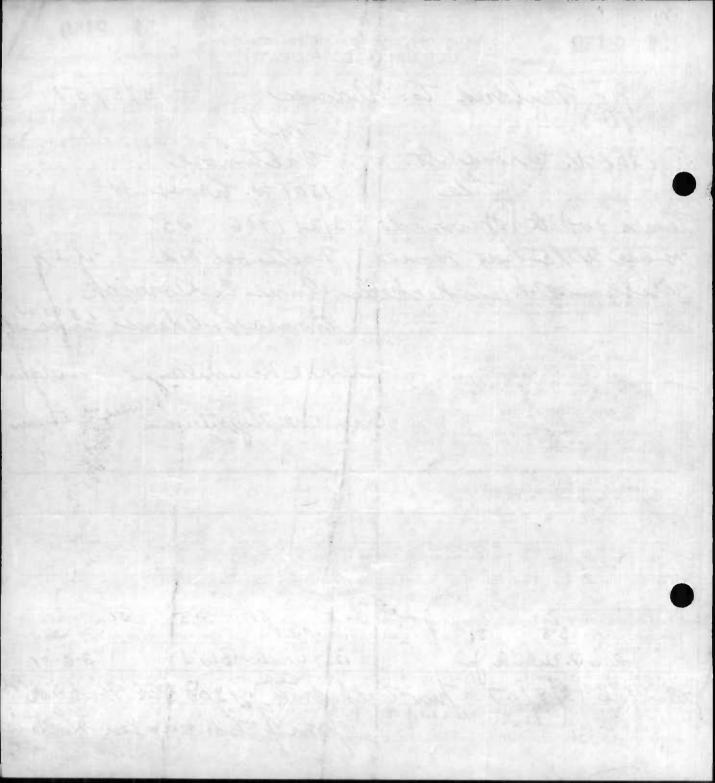


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BALTIMORE CITY HEALTH DEPARTMENT

51 21.59

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.			
1. NAME OF DECEASED Mildres (Type or Print)	16.a	dams	2. DATE OF DEATH 3 /5	151		
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (V		titution : residence before admission)		
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR	ution, give street address or location)	c, CITY OR TOWN / III	outside corporate limits, w	with DIIDAY 3		
130/W. bross		Baltim		township)		
ength of stay in Baltimore Zi	Le Yrs. Mos. Days	1301 W. 6	rural, give location)			
7. SEX 6. COLOR OR RACE 7. SINGI	LE, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Month	s Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of lob. KIN work done during most of working the even if retired)	D OF BUSINESS OR	11 BIRTHPLACE (State or fo	oreign country) 12	. CITIZEN OF		
House wife at	Home	Baltimore	. md.	THE SOUNTRY?		
William H. &	charkolls	14. MOTHER'S MAIDEN N.	Dorrice	6		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RES 30/W,		
118. 2.2.18	CALISE	OF DEATH	- udams	INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTLY		OF DEATH		ONSET AND DEATH		
(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diser	(This does not mean the mode of dying, e.g., (A) Cerellel Henry Lege, Sudden.					
injury or complication which caused deat	th) DUE TO					
ANTECEDENT CAUSES	800	entired There	To severe	Zaran.		
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST UNDERLYING CONDITION LAST						
UNDERLYING CONDITION LAST.	(C)	<u></u>	•••••			
11						
OTHER SIGNIFICANT CONDITIONS CO	TED					
19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER			20. AUTOPSY?		
21 ASSISTANCE AND A 218 BI				YES NO		
LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?						
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? PF INJURY						
m.	WHILE AT NOT WHILE AT WORK					
22. I hereby certify that I attended th	e deceased from 3.	1951/to	3.5 , 1951, t	hat I last saw the		
deceased alive on 3.5, 19.51		red at 11:20 P.m., from t	he causes and on the			
John P. Whoch, Ja	M. D.	1227 Wash. B.	lvd	3.6.51		
24A. BULIAL, CREMA- TION REMOVAL (Specify) 3/8/5-/	LACT COST	Ledrol 145	OF SELL PR	edenish (State)		
DATE RECEIVED BY REGISTRAR'S SIGNAT	HES MA, MATE !!	25 FUNERAL DIRECTOR	Al	DOSO L.		
LOCAL REGISTRAR	1 7	John 4. 60	wandson	Hollins		
VS 150			▽	30 - 1.		
		<i>V</i>	0	00		



		E OF DEATH Registered No. 150			
	I. NAME OF DECEASED (Type or Print) S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)				
egibly.	Branch Transport Co. Kresson St Plength of stay in Baltimore Branch Transport Co. Kresson St Yrs. Mos. Days				
and leg	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WILDOWED DIVORCED (Specify MARY 180)				
n crearry	10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR Motor 'Transport' 13. FATHER'S NAME	11. BIRTHPLACE (State or foreign country) Baltimore 14. MOTHER'S MAIDEN NAME Rosa Kiemle			
ol dear	Joseph Greul 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17 INFORMANT Agnes Creul 218 N. Chester Street			
s: piease write the causes	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH ANY PER TENSIVE AND ARTERIOSCLEROTIC CARDIO VASCULAR DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
hysicians	OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 12b. MAJOR FINDINGS OPERATION 12b. MAJOR FINDI	in or 21C. WHERE DID (If in Baltimore City, give exact location)			
m. Work AT Work					
sespecial	22. I certify that I took charge of the remains described above, held an Autopsy. Inspection or Inquity the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined [].				
ect age is	24A. BURIAL, CREMA: 24B. DATE TION, REMOVAL (Specify) 3-7-51 Holy Redect	The second secon			
correct	DATE RECEIVED BY REGISTRAR SIGNATURE MAR - 19	REFERENCE 403 S. Wolfe Street			

Brunen Creaco ours Do. Savano Bitt. 1 194 THE PERSON AND THE denie Grand Die Genet e Street Mas S. Walfe Storegot

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) AMES OF DEATH / 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, It institution : residence A. Baltimore City, Maryland B. COUNTY (before admission) (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township Yrs. (If rurai, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years) If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. (00 Mg narries 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR . BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME nenell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT AMPRESS (Yes, no or darknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. 153 X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, c.g., LANCER OF DESCENDING LOLON heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED u TO THE DISEASE OR CONDITION CAUSING IT. U 194. DATE OF OPERATION | 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY BONEL CAEGURAL METHITALS CA CANCEM OF LARIE 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE WORK 1950 to_ ARCH 4, 1951, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on HARCH M. 1951, and that death occurred at 5.35 Pm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED Myamen M. D. 24A. BURIAL OREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county DATE RECEIVED BY 25 FUNERAL PIRECTOR REGISTRAR'S SIGNATURE ADDRESS REGISTRAR

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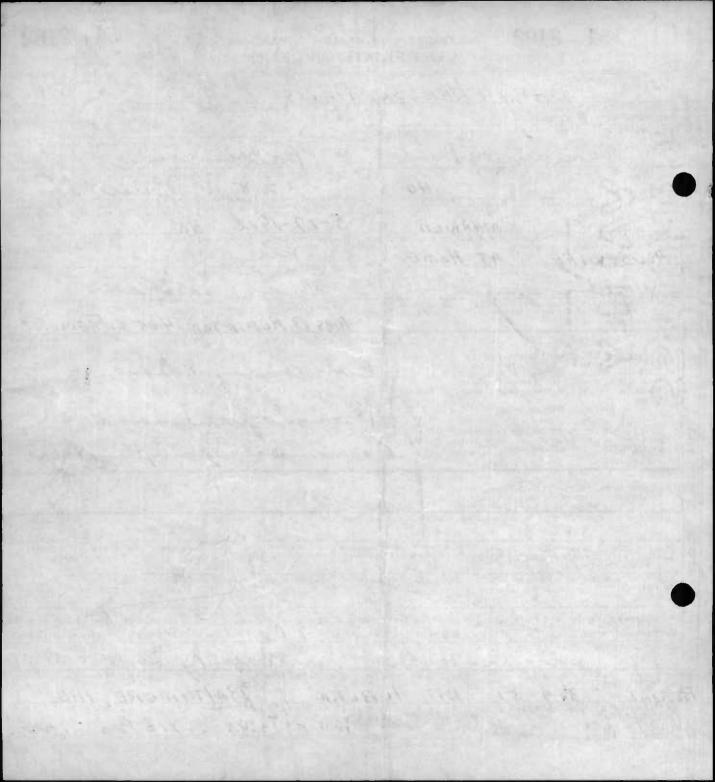
AND REPORT AT LABOR. TO SECOND AND What to some persons ASSESSED LONG Carlo State and The same of the sa 3-3-51 14 Mountain 8 FR 16- 1-6 Allow March To March 1960

51 2162 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2162 Registered No.

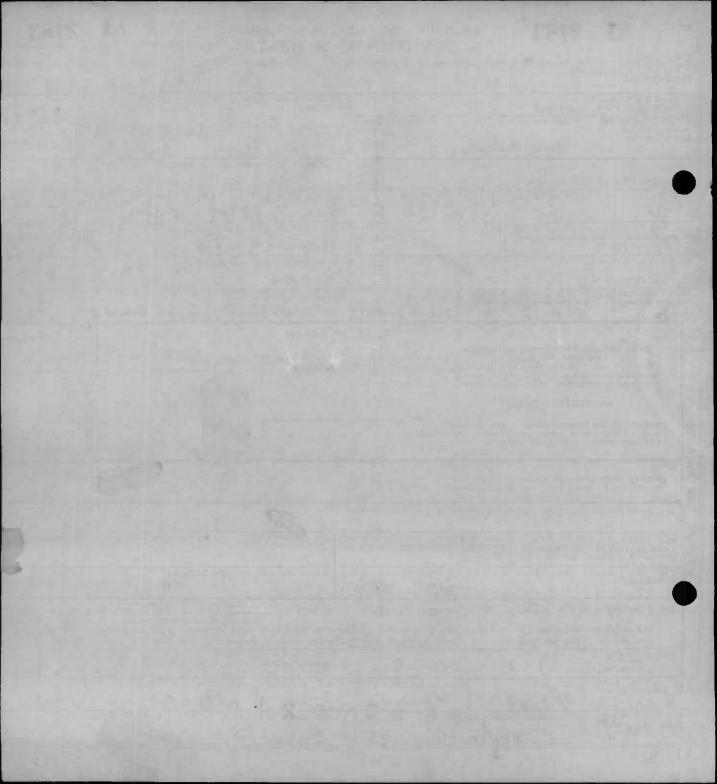
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BIRTH NO.				
1. NAME OF DECEASED SABAH HENSON	DAVIS 2. DATE OF DEATH 3-5-51			
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY before admission			
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR				
Institution University Hasfith	Baltimod township			
ength of stay in Baltimore 40 Mos.	328 N Ray al			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 House			
10A. USUAL OCCUPATION (Give kind of or to done during most of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF			
HOUSEWIFE AT HOME	WHAT COUNTRY			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Carrie Lackson V			
(Yes, oo or unknown) (If yes, give war or dates of service) SECURITY NO.	MOS P RAPIALS AS HOS A FINANCE			
18. W. CAUSE	OF DEATH			
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH			
(This does not mean the mode of dying, e.g., (A)	ulmonary Edema			
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO				
ANTECEDENT CAUSES				
Z (B)	a sans processors			
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO RESERVE THE STATE OF THE PROPERTY OF THE PROPER	semenated Supers Engthematories			
	Chronil.			
OTHER SIGNIFICANT CONDITIONS CON-				
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
198. MAJOR FINDINGS OF OPE				
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (c. g.				
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg	INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?			
m. WHILE AT NOT WHIL				
22. I hereby certify that I attended the deceased from	2-23 , 1957, to 3-3- , 195 I that I last saw th			
deceased alive on 3-3, 193 L, and that death occur				
23A. SIGNATURE Virginia Huffen, D.	238. ADDRESS 23C. DATE SIGNED 23C. DATE SIGNED			
24A. BURIAL, CREMA-1 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State				
BURIAL 3-9-51 MT, AUBURN BATTOMORE, MD.				
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25, FUNERAL DIRECTOR ADDRESS				
MAR 7-1951 TENTON IN MONTH TOM - A. JACKSON - 916 PENNA. AVE				



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I NAME OF DECEASED 2. DATE (Type or Print) ALEXANDER. DEATH March 6, 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B COUNTY before admission) Maryland B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Mercy Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos ength of stay in Baltimore 4219 Norfolk Avenue Davs 6 COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) | Winder | Year | If Under 24 Hours | last hirthday) | Months: Days | Hours | Min. WIDOWED DIVORCED (Specify) Male MARRIED 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work dope during most of working life, even if retired) INDUSTRY WHAT COUNTRY SCRANTON RINTER U-S-A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME HERMAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yea. no or unknown) (If yes, give war or dates of service) SECURITY NO WIFE-ROSE PROPER- SAME NaR 6-03-863 5 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Runtured cerebral aneurysm (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY7 21c, WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT WORK Partial Autopsy thereon and from 22. I certify that I took charge of the remains described above, held an .. Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident D, suicide D, homicide D, undetermined D. 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED March 6. MEDICAL INVESTIGATOR ... 24A. BURIAL CREMA-TION REMOVAL (Specify) £48. DATE ouria DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE

151

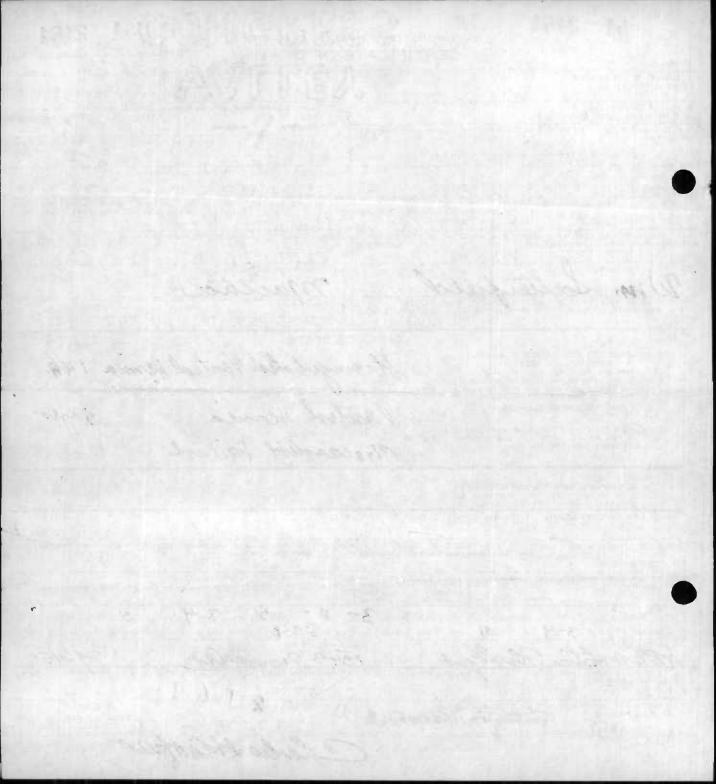


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2164

BIRTH NO.	E OF DEATH Registered NO.
1. NAME OF DECEASED (Type or Print) ELLA S BRITAIN	2. DATE OF DEATH 3/4/57
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
PROVIDENT HOSPITAL	BALTIMORE 17-02 township
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (in years) II Under Year If Under 24 Hours
F C WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min 11/3/1875 75
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
HOUSEWIFE DOMESTIC	BALTIMORE, MD U.S.A.
13. FATHER'S NAME Satterfield	Martha Martha
15. WAS DECEASED EVER IN U. S. ARMED RCES? (Yee, no or unknown) (If yee, give war nr dates of service) SECURITY NO.	17. INFORMANT ADDRESS
NO NO NONE	EDWARD BRITAIN, 1106 MYRTLE AV.
injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B)	itul Hemia 5 ys: caroliot Failure
194. DATE OF OPERATION 0 198. MAJOR FINDINGS OF OPERA	
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about hame, farm, factory, street, office bldg., et	to.) INJURY OCCUR?
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?
	red at \$35 f.m., from the causes and on the date stated above 3B. ADDRESS 23C. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
	CEMETERY BACTOL MD.
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	FUNERAL DIFCTOR ADDRESS
MAR 7-1851	CHARLES G. COOPER-512 CARROLLTON AV

1220



51 2165 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51	21	55
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Registered No.

BIRT	H NO.					
	AME OF DECEASED	7. ma	llon		2. DATE OF DEATH	25th 1951
A. B:	ACE OF DEATH: altimore City, Maryland 1 C		give street address	A. USUAL RESIDENCE	(Where deceased lived, I B. COUNTY	f institution : residence before admission)
HOS	PITAL OR ITUTION		location		If outside corporate limi	ts, write RURAL and give township)
(C. 1)	ength of stay in Baltimore	Lile.	Yrs. Mos. Day:	110100	If rural, give location)	25%
5. SE	6. COLOR OR RACE			8. DATE OF BIRTH	9. AGE (In years last birthday) M	onths Days Hours Min.
Mork do	USUAL OCCUPATION (Give kind one during mostlof working life, even if retired		BUSINESS OR INDUSTR	1. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
a	ATHERS NAME	lon		14. MOTHER'S MAIDEN	NAME (=	
15. V (Yes, D	(If yes, give war or date	D FORCES? 16 tes of service)	SECURITY NO.	17. INFORMANT Lenona Mal	lon 19620	almanelace
1	DISEASE OR CONDITION	DIRECTIV	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode heart failure, asthenia, etc. It me	ATH of dying, e.g., cans the disease,	(A)	getenia	and	
7	injury or complication which ANTECEDENT CAL		6	manie myon	eardini.	spr.
ATIOI	DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION I) STATING THE	DUE TO			
IFIC	n		(c) a	eterio notes	ori	5 year
CERT	OTHER SIGNIFICANT CONE TRIBUTING TO THE DEATH, BU' TO THE DISEASE OR CONDITION	T NOT RELATED	left	morning he	····	
YAL	-	198, MAJOR FI		RADION		20. AUTOPSY?
	1A. ACCIDENT, SUICIDE, OMICIDE (Specify)		OF INJURY (e. g. factory, street, office bldg	.,etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
0	1D. TIME (Month) (Day) (Year FINJURY	r) (Hour) 21E m. WHIL		E[]	RY OCCUR?	
	2. I hereby certify that I at ceeased alive on 3-5	dian.	ceased from			that I last saw the
	3A. SIGNATURE	moor	e M. D.	23B. ADDRESS 3105 Belaix	Α.	23c. DATE SIGNED
24A. Hen.	BURIAL GREMA- 24B. DATE REMOVAL (Specify)	240			LOCATION (City, town	n, or county) (State)
DAT	E RECEIVED BY REGISTRAF	R'S SIGNATURE	Satur.	25. FUNERAL DIRECTOR	12h. P. H	ADDRESS
_1111	VS 150	3 To Vand	Acceptant of the same	der D. Joseph !!	US.IVIV avie	and -

Sub sight 2018 Oppositus?

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2166 Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Nartha B. Jackson. 2. DATE OF DEATH Man	ch 5,1951.
3, PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If in A. STATE B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or	before admission)
HOSPITAL OR INSTITUTION C. CITY OR TOWN (If outside corporate limits,	write RURAL and give township)
1761 N. Carey St. Baltimore. 13-	0/
Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1461 M. C. Access At	
	Index 1 Year II Undex 24 Hours
temale C married June 4, 1911,39	ths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of working life, eveo if retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
Jamenife northembuland Co. Var.	U.S.Cla
13. FATHER'S NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL 17 INFORMANT	
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. ROUTE C. Jacken. 146	1 n. Carry St
18. H3 LL V. CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	11,000
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	3716
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
(c)	
Ē II	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
194 DATE OF OPERATION 198 MAIOR FINDINGS OF OPERATION	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, gi	YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about hnme, farm, factory, street, nffice bldg., etc.) 21B. PLACE OF INJURY (e. g., in or 21C. WHERE DID (If in Baltimore City, gi about hnme, farm, factory, street, nffice bldg., etc.) CAUSE OF DEATH	YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.)	YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21b. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) PF INJURY WHILE AT NOT WHILE MORK MILE AT WORK MILE AT WORK WHILE AT WORK MILE	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) DF INJURY WHILE AT NOT WHILE AT WORK MILE AT WORK MIL	yes No ve exact location) that I last saw the e date stated above.
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) DF INJURY 22. I hereby certify that I attended the deceased from the street of the	YES NO ve exact location) that I last saw the
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about hnme, farm, factory, street, nffice bidg., etc.) CAUSE OF DEATH 21b. TIME (Month) (Day) (Year) (Hour) PF INJURY 22. I hereby certify, that I attended the deceased from the deceased alive on Mark 1911. and that death occurred at 125 m., from the causes and on the 23a. SIGNATURE 23a. SIGNATURE (If in Baltimore City, gi INJURY OCCUR? 21c. WHERE DID (If in Baltimore City, gi INJURY OCCUR?) 21c. WHERE DID (If in Baltimore City, gi INJURY OCCUR?) 21c. WHERE DID (If in Baltimore City, gi INJURY OCCUR?) 21c. WHERE DID (If in Baltimore City, gi INJURY OCCUR?)	that I last saw the e date stated above.
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) PF INJURY 22. I hereby certify that I attended the deceased from the deceased alive on the causes and on the 23A. SIGNATURE 24A. BURIAL, CREMA: 24B.DATE TION REMOVAL (Specify) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, gi Injury OCCUR?) 21c. WHERE DID (If in Baltimore City, gi Injury OCCUR?) 21f. HOW DID INJURY OCCUR?	that I last saw the e date stated above.
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21b. TIME (Month) (Day) (Year) (Hour) PF INJURY 22. I hereby certify, that I attended the deceased from work at work and that death occurred at 125 m., from the causes and on the 23a. SIGNATURE 24a. BURIAL, CREMA: 24B DATE TION REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? 21c. WHERE DID (If in Baltimore City, gi Injury OCCUR? 21f. HOW DID INJURY OCCUR? 22f. HOW DID INJURY OCCUR?	that I last saw the e date stated above.
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21b. TIME (Month) (Day) (Year) (Hour) PF INJURY 22. I hereby certify that I attended the deceased from the deceased alive on the causes and on the causes and on the causes and on the causes and on the course of the course of the causes and on the course of the course of the causes and on the course of the course of the causes and on the course of the cours	that I last saw the e date stated above. 23c DIF SIGNED OFFOURTY (State)
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) PF INJURY 22. I hereby certify that I attended the deceased from the deceased alive on the deceased alive on the causes and on the latended the deceased from the latended the deceased alive on the latended the deceased from the latended the latended the deceased from the latended the latended the deceased from the latended latended the latended late	that I last saw the e date stated above. 23c DIF SIGNED OFFOURTY (State)

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51 2167 BALTIMORE CITY HE	
CERTIFICATE	E OF DEATH Registered No.
BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE 2\2\7\6
L'eaves Poldwell God	melge DEATH 3 A 5) PM
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, I institution; residence A. STATE B. COUNTY before admission
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before admission
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
INSTITUTION	township
AUGA Prestury St	Sattemen 10 10
\(\lambda \) \(\lambda \) \(\lambda \) \(\lambda \) \(\lambda \)	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore Mos. Days	2662 Preshoul St
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE in years If Under I Year It Under 24 Hours
WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR	10 3 C (6, 1918 3 X
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Pin Boy Bowling alley	Mr Wanel, mel 2,3,4.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
11:11: 001 100	E-11.0 3 0 0 0 00
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL	venue - raccined
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS AGGA
yes W.W.II	Mas Ethel to Marison - Presbury ST
18. 434 2 , CAUSE (OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	it MINCAMILIA TAGUA
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) OUE TO	of Sible Alluma Word
ANTECEDENT CAUSES	Wally 1911 - 7 116
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON.	
W TRIBUTING TO THE GEATH, BUT NOT RELATED	TU
TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
o whe	YES NO
21a. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in LyING OR CONTRIBUTING about home, farm, factory, street, office bidg., e	
W CAUSE OF DEATH	
2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
F INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	# # #
m. WORK AT WORK	Per 18th Si to Mart to Mal that I last saw the
22. I hereby certify that I attended the deccased from	Com 18 18 16, to Marb 1 , Spf , that I last saw the
22. I hereby certify that I attended the deccased from deceased alive on 1971. and that death occur	red at 1 30 km., from the causes and on the date stated above
22. I hereby certify that I attended the deccased from deceased alive on 1971. and that death occur 23A. SIGNATURE	
22. I hereby certify that I attended the deccased from deceased alive on 1971, and that death occur 23A. SIGNATURE 2	red av 30 km., from the causes and on the date stated above 38. ADDRESS AND AND CON 3/6, 5/
22. I hereby certify that I attended the deccased from deceased alive on 1971. and that death occur 23A. SIGNATURE 24A. BURIAL, CREMA- 246. DATE 24C. NAME OF CEMETE 110N, REMOVAL (Specify)	red at 1 30 km., from the causes and on the date stated above 3B. ADDRES9 23C. DATE SIGNED RY OR CREMATORY 24B. LOCATION (City, town, or county) (State)
22. I hereby certify that I attended the deccased from deceased alive on 1967, and that death occur 23A. SIGNATURE 24A. BURIAL, CREMA- 246. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify) March 7, 1951 Baltimore 7	red at 1 30 km., from the causes and on the date stated above 38. A DRESS RY OR CREMATORY 246. LOCATION (City, town, or county) (State) atimal 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
22. I hereby certify that I attended the deccased from deceased alive on 1971, and that death occur 23A. SIGNATURE 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER 100N, REMOVAL (Specify) 1951 Baltimore 100 DATE RECEIVED BY REGISTRAR'S SIGNATURE	red at 1 30 km., from the causes and on the date stated above 3B. ADDRES9 23C. DATE SIGNED RY OR CREMATORY 24B. LOCATION (City, town, or county) (State)
22. I hereby certify that I attended the deccased from deceased alive on 2, 1951. and that death occur 23A. SIGNATURE 24A. BURIAL, CREMA- 16. DATE 24C. NAME OF CEMETE 10N, REMOVAL (Specify) March 1, 1951 Baltimore 1 DATE RECEIVED BY REGISTRAR'S SIGNATURE	red at 1 30 km., from the causes and on the date stated above 38. A DRESS RY OR CREMATORY 246. LOCATION (City, town, or county) (State) atimal 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
22. I hereby certify that I attended the deccased from deceased alive on 1961. and that death occur 23A. SIGNATURE 24A. BURIAL, CREMA- 26. DATE 24C. NAME OF CEMETE 10N, REMOVAL (Specify) March 1, 1951 Baltimore DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	red at 1 30 km., from the causes and on the date stated above 38. A DRESS RY OR CREMATORY 246. LOCATION (City, town, or county) (State) atimal 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
22. I hereby certify that I attended the deccased from deceased alive on 2, 1951. and that death occur 23A. SIGNATURE 24A. BURIAL, CREMA- 16. DATE 24C. NAME OF CEMETE 10N, REMOVAL (Specify) March 1, 1951 Baltimore 1 DATE RECEIVED BY REGISTRAR'S SIGNATURE	red at 1 30 km., from the causes and on the date stated above 38. A DRESS RY OR CREMATORY 246. LOCATION (City, town, or county) (State) atimal 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

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51 2168 BALTIMORE CITY HEALTH DEPARTMENT 51 2168 CERTIFICATE OF DEATH Registered No. 2168

BIRTH NO.	L OI BLAIII				
1. NAME OF DECEASED (Type or Print) THOMAS 2. DATE OF Manch					
(Type or Print) FERDINAND THO	MAS OF March 5, 1951				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY before admission)				
B. FULL NAME OF If not in hospital or institution, give street address on HOSPITAL OR location)	Maryland				
INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
Johns Hopkins Hospital	Baltimore 5				
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
ength of stay in Baltimore Days	507 N. Central Avenue				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years It bodes 1 Year It Under 24 Hours last birthday) Months: Days Hours Min.				
Male Colored /	Sept 10-1884 66				
10A. USUAL OCCUPATION (GiveLind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?				
pour !	Balto med usa				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Legign thomas	Trian Susson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INF MANT ADDRESS				
2/4-18-7580	Ida Ahomas 1236 Eduthe A				
18. E 9 0 4 . 9 1 CAUSE	OF DEATH				
DISEASE OR CONDITION DIRECTLY	DNSET AND DEATH				
	fracture				
heart failure, asthenia, etc. It means the disease.	ral hemorrhage				
ANTECEDENT CALIGES					
(8)	sion of brain				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE XXXXXXX Fract	ure of neck				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) CONTU- OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	sion of head				
	The second secon				
OTHER SIGNIFICANT CONDITIONS CON-					
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER					
7	YES X NO				
21a. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB. about home, farm, factory, street, office bidg. UTING CAUSE OF DEATH. UNROWN					
UTING CAUSE OF DEATH. Unknown	Unknown				
2 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR					
Unknown WHILE THE WORK WORK	Presumably fell while intoxicated (over				
22. I certify that I took charge of the remains described of	bove, held an Autopsy thereon and from				
	Autopsy, Inspection or Inquiry				
and death in my opinion resulted from: natural cause	nquiry, find that said deceased died on the day stated above, $s \vdash \square$, accident \square , suicide \square , homicide \square , undetermined \square .				
23A. 9IGNATURE	ASSISTANT MEDICAL EXAMINER				
	.D. MEDICAL INVESTIGATOR MATCH 3, 1931				
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OF CREMATORY 240, DOCATION (City, town, or county) (State)				
Surial March 7-1951 11 Calvar	comeleis a come				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS				
MAR 7 - 1951 - + + + + Ton Millians, My 750	Les Williams Me Valery A				
V S 151	15/0				
N-804.20 18093	1000				

ir. Boyle are verbal message
"Dec and found dead in bed,
in uries listed, means, etc -?

BALTIMORE CITY HEALTH DEPARTMENT CERT!FICATE OF DEATH

Registered No. 2169

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) LITCH Cield, GRAFTON		DATE OF 0F DEATH 3/5/51
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (When	e deceased lived. If institution : residence B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C, CITY OR TOWN (If out:	side corporate limits, write RURAL and give
INSTITUTION MUVILIALE WOOD.	Baltimor	2 15-12 township
Yrs. Mos.	o. STREET ADDRESS Nf rurs	al, give location)
5. SEX 6. COLOR OR/RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9.	AGE (In years If Under 1 Year If Under 24 Hours
WIDOWED, DIVORCED (Specify)	2-9-1885	last bir day) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR Work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign	n country) 12. CITIZEN OF COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	01.
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL	Way au	galaru
(Yes no or unknown) (If yes, give war or dates of service) (If yes, give war or dates of service) (If yes, give war or dates of service)	of holds	ADDRESS
	OF DEATH	INTERVAL BETWEEN ONSET AND GEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	river to	ONDET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease,	cusmaloses, f	many)
injury or complication which caused death.) OUE TO	- b	/ (over)
Z (B)	moure) (over)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.		
(C)		
OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
218. PLACE OF INJURY (e. g., is about home, farm, factory, street, office bldg., c	n or 21c. WHERE DID (If in 1966.) INJURY OCCUR?	Baltimore City, give exact location)
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OF	CCUR?
m. WHILE AT NOT WHILE MY WORK		
deceased alive on 3-5, 1951, and that death occur		3-5, 195 that I last saw the
	3a. ADDRESS	23G. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	EXPLICATION DAY DAY LOS	TON (City, town, or county) (State)
TION REMOVAL (Specify)	utheran	Carroll Co. Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 7-1951 Tunting for Milians, M. C.		3207 W. North Ave.,
VS 150		555
1020		206

Henri the primer ate of the materials, please state a more definite anotomical los the malynary

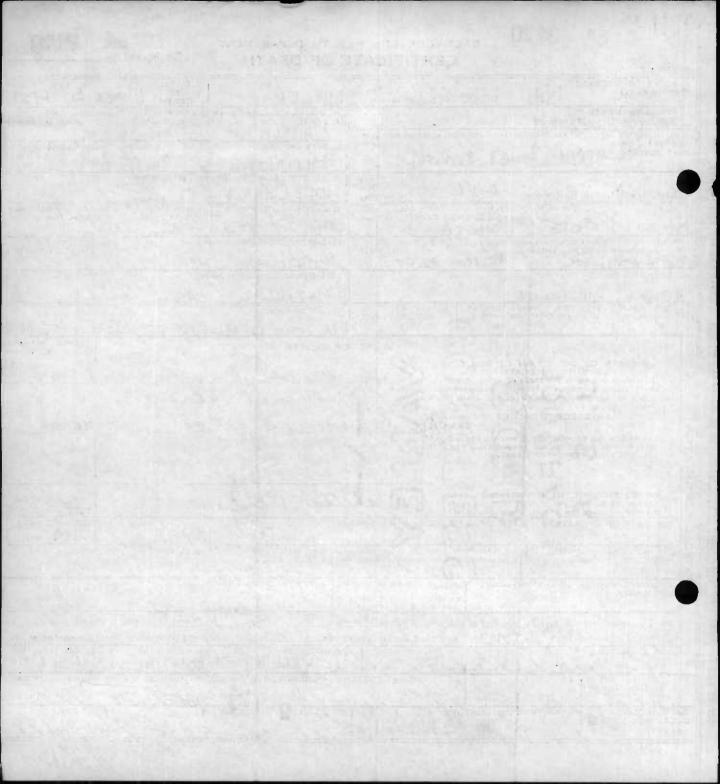
Primar sige u known:

Anatomical location at time of death-

"Carcinoma, intestinal tract marked metastasis to liver"
See Document File 51-2169
4/2/51

important.

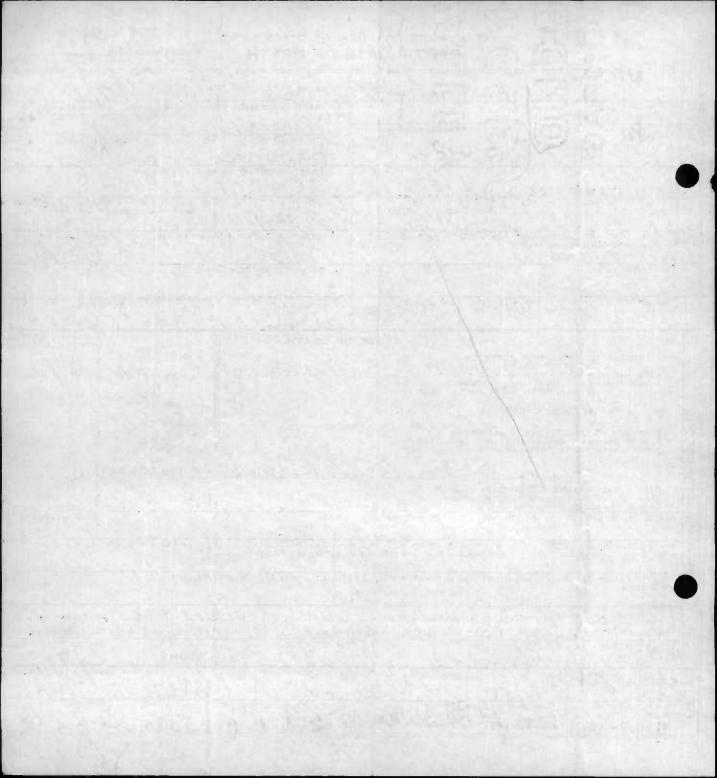
VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) GEORGE HNTHONY OF LIMMER DEATH 4. USUAL RESIDENCE (Where deceased lived/ If institution: residence 3. PLACE OF DEATH: , before admission) A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or JARYLAN Mondere HOSPITAL OR location' C. CITY OR FOWN (If outside corporate simits, write RURAL and give INSTITUTION , EC.1L township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. APLE c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years H Under I Year last birthday) Months; Days Hours: Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY NOODTURNE! 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 153X 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY OF (ECUM LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. SENERALIZED HRTERIOSCHEROSIS 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21c. WHERE DID (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE PID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT Lance 2 1951. and that death occurred at 7 2 m., from the causes and on the 22. I hereby certify that I attended the deceased from_ deceased alive on___ 23A. SIGNATURE 23c. DATE SIGNED BURIAL. CREMA-/24B. DATE 24c. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY LOCAL REGISTRAR

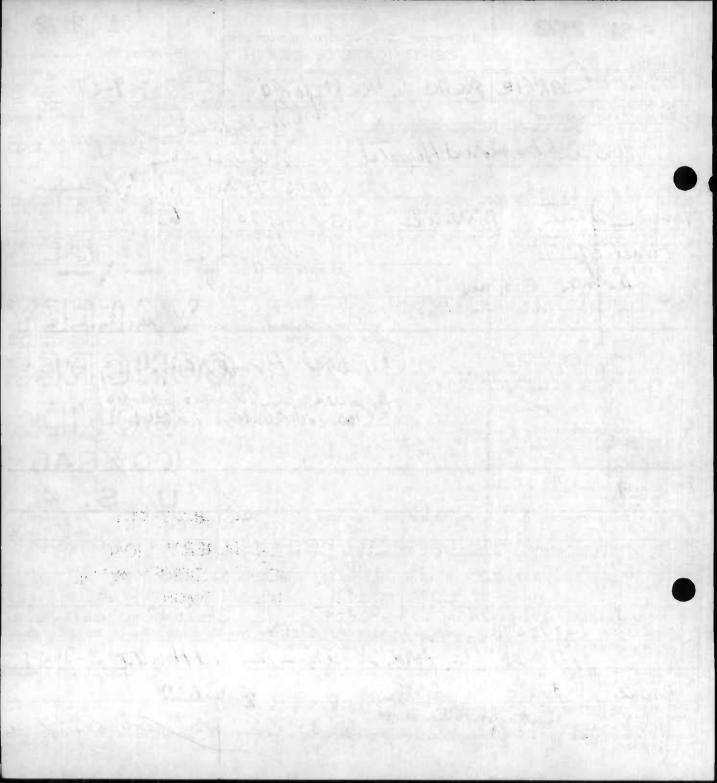
VS 150

46E



BALTIMORE CITY HEALTH DEPARTMENT

DI	IRTH NO.	CERTIFICAT	E OF DEATH	Registered No	0
(T	NAME OF DECEASED ARRIE	Belle CRa	WHORD	2. DATE OF DEATH	57
	. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE	Where deceased lived, If in	nstitution : residence before admission)
	FULL NAME OF (If not in cospital or ins	stitution, give street address or		and	
	NSTITUTION Me me	Moldanian)	c. CITY OR TOWN	If outside corporate limits	wite RESEAL and give township)
	M. MADO	Yrs.	D. STREET ADDRESS (I	f rural, give lovation)	
	Length of stay in Baltimore	Mos.	1015 Torn	/	nu?
E	SEX 6. COLOR OF BACE 7 SI	Days NGLE, MARRIED,	8. DATE OF BIRTH	1 9 AGE (In years) HI	Inder 1 Yaar If Under 24 Hours
7-	man where he	DOWED, DIVORCED (Specify)	3-17-1970	D D	ths Days Hours Min.
work	k done diring most of workinglife, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLOE (State or	foreign country)	12. CITIZEN OF
13	FATHER NAME		14. MOTHER'S MAIDEN	NAME	
150	Mande Mu	XIV		7	
(Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCE (If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT	word 1015 F	DRESS
	18. 443X	CAUSE	OF DEATH	/	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECT	TLY	Da-0 4/2		ONSET AND DEATH
	(This does not mean the mode of dying heart failure, asthenia, etc. It means the d	e.g., (A)	prior Huma	Mag	4 Jags
	injury or complication which caused		- ON	10/10/10/10	
	ANTECEDENT CAUSES	Hyla	MAN ME WOO	and by Conditions of	TO THE COLUMN
NO	DISEASES OR CONDITIONS, IF ANY,	(B)	whole over Outer	- MARGIL	
F	RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.	IG THE DUE TO			
ICA		(C)		***************************************	
TIFI	11				
田田	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE	LATED			
U	19A. DATE OF OPERATION 19B. MA	JOR FINDINGS OF OPER	PATION		20. AUTOPSY?
DICAL					
0		PLACE OF INJURY (e. g., i	- Late Millers Bib	/T6 i- D-14i Oi4	YES NO X
M (LYING OR CONTRIBUTING about b	nome, farm, factory, street, office bldg.,		(II in Baitimore City, gi	YES NO X
MED	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)	nome, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
M (CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE	ED 21F. HOW DID INJUR		
Ш	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE MORK	ED 21F. HOW DID INJUF	RY OCCUR?	ve exact location)
Ш	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK the deceased from	ED 21F. HOW DID INJUR	RY OCCUR?	ve exact location) that I last saw the
Ш	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) PF INJURY 22. I hereby certify that I attended	21E. INJURY OCCURR WHILE AT NOT WHILE MORK the deceased from and that death occur	ED 21F. HOW DID INJUF	RY OCCUR?	ve exact location) that I last saw the
ME	21D. TIME (Month) (Day) (Year) (Hour) PF INJURY 22. I hereby certify that I attended deceased alive on 19 23A. SIGNATURE	21E. INJURY OCCURR WHILE AT NOT WHILE M. WHILE AT NOT WHILE AT WORK the deceased from and that death occur A. John L.	21f. HOW DID INJURY 21f. H	the causes and on the	that I last saw the date stated above.
24 24	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) PF INJURY 22. I hereby certify that I attended deceased alive on 19 23A. SIGNATURE 4A. BURIAL, CREMA: 14B. DATE ON REMOVAL (Specify)	21E. INJURY OCCURR WHILE AT NOT WHILE MORK the deceased from and that death occur	21f. HOW DID INJURY 21f. H	RY OCCUR? R-7-57, 19, the causes and on the	that I last saw the date stated above.
24 TIO	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) PF INJURY 22. I hereby certify that I attended deceased alive on 19 23A. SIGNATURE 4A. BURIAL, CREMA 14B. DATE ON, REMOVAL (Specify) 3/9/5/	21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK the deceased from and that death occur 24c. NAME OF CEMETE St Manys	21F. HOW DID INJURY 21F. H	the causes and on the LOCATION (City, town, o	that I last saw the date stated above. 23c. DATE SIGNED or county) (State)
24 110	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) PF INJURY 22. I hereby certify that I attended deceased alive on 19 23A. SIGNATURE 4A. BURIAL, CREMA 14B. DATE ON, REMOVAL (Specify) 3/9/5/ ATE RECEIVED BY REGISTRAR'S SIGNATURE	21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK the deceased from and that death occur 24c. NAME OF CEMETE St Manys	21f. HOW DID INJURY 21f. H	the causes and on the LOCATION (City, town, o	that I last saw the date stated above.
24 110	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) PF INJURY 22. I hereby certify that I attended deceased alive on 19 23A. SIGNATURE 4A. BURIAL, CREMAN 34B. DATE ON, REMOVAL (Specify) ATE RECEIVED BY OCAL REGISTRAR SIGNATURE ATERCEIVED BY OCAL REGISTRAR	21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK NOT WHILE AT WORK the deceased from and that death occur 24c. NAME OF CEMETE St. Mays	21F. HOW DID INJURY 21F. H	the causes and on the LOCATION (City, town, o	that I last saw the date stated above. 23c. DATE SIGNED or county) (State)
24 110	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) PF INJURY 22. I hereby certify that I attended deceased alive on 19 23A. SIGNATURE 4A. BURIAL, CREMAN 34B. DATE ON, REMOVAL (Specify) ATE RECEIVED BY OCAL REGISTRAR SIGNATURE ATERCEIVED BY OCAL REGISTRAR	21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK the deceased from and that death occur 24c. NAME OF CEMETE St Manys	21F. HOW DID INJURY 21F. H	the causes and on the LOCATION (City, town, o	that I last saw the date stated above. 23c. DATE SIGNED or county) (State)



51 2173 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 50 - 125 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission) A. Daltimore City, Maryland 1915 A07118 107119.

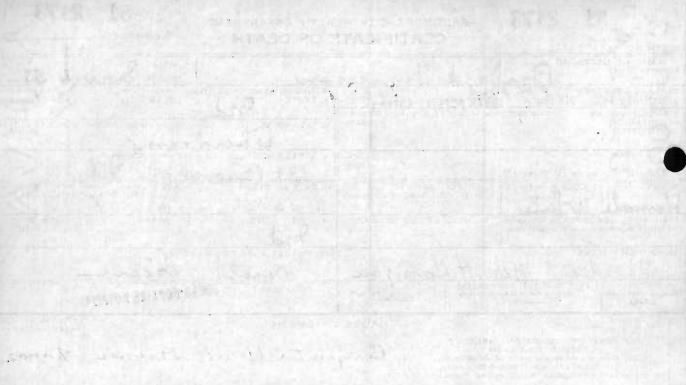
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (In years | H Under 1 Year | H Under 24 Hours last birthday) | Months | Days | Hours | Min. 7. SINGLE. MARRIED If Under 24 Hours WIDOWED, DIVORCED (Specify) 6-15-50 21 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME mison 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or nnknown) (If yes, give war mr dates of service) 16. SOCIAL ADDRESS (Yes, nor naknown) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (1) Congenital Heart Discuse (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES X orgenital heart EDICA NO Lacriel 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE an. 1920 1931 to mar 6, 195/that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on nov. 6, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 13ur 161 25. FUNERAL DIRECTOR DATE RECEIVED BY RECHETRAR'S SIGNATURE LOCAL REGISTRAR

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important.

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157 E ms.

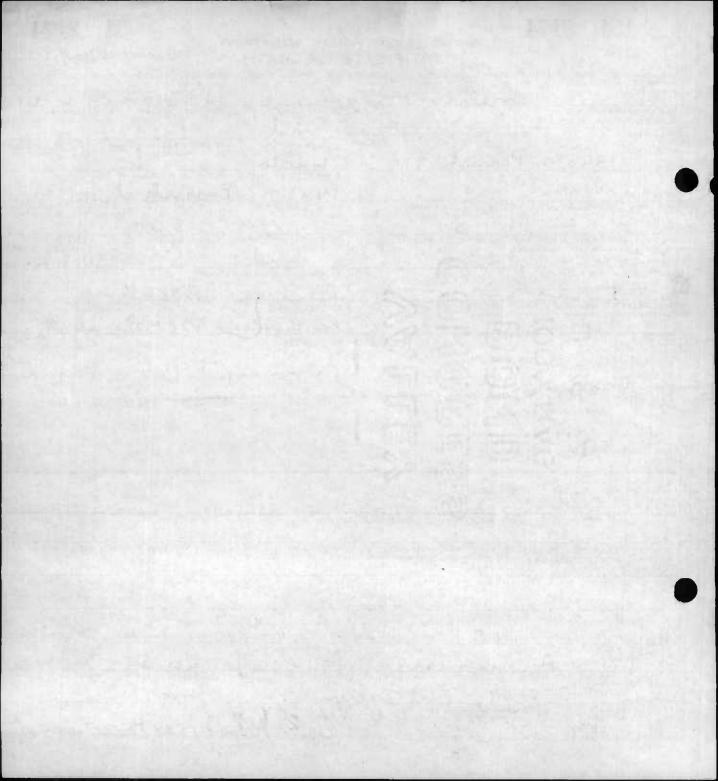


correct age is especially important. Physicians: please write the causes of death clearly and log-foly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2174 Registered No 3698

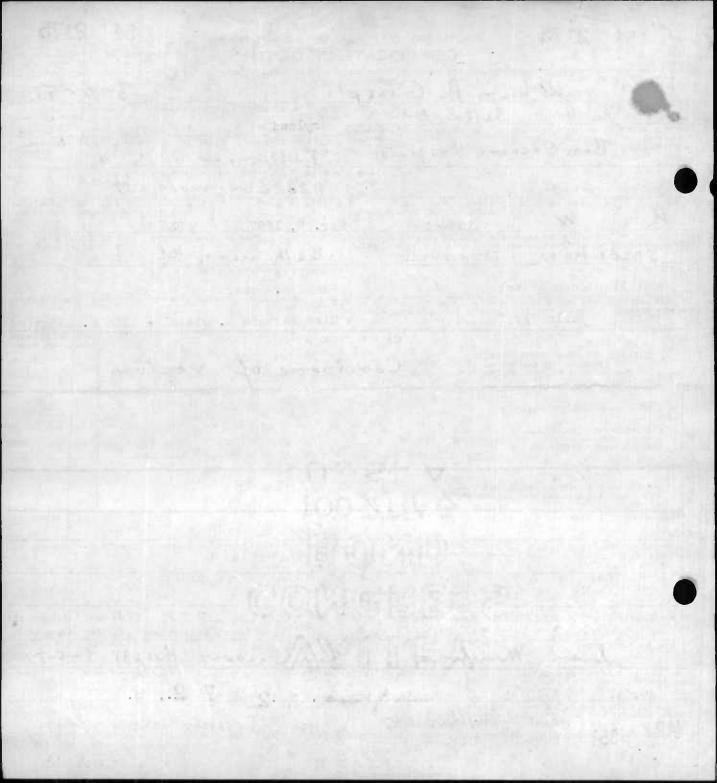
BIRTH NO.	OF DEATH
I. NAME OF DECEASED	2. DATE
(Type or Print)	DEATH march 6. 1951
	. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	STATE B. COUNTY before admission)
HOSPITAL OR location)	CITY OR TOWN (If outside corporate limit, write NULAL and give
INSTITUTION 1443 n. Parrish st	Bolto township)
	STREET ADDRESS (If rural, give location)
Mos.	443 n. Parrich at
	DATE OF BIRTH 9. AGE (In years 11 Under 1 Year 11 Under 24 Hours
WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Min.
	BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) INDUSTRY	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Javoren Mullian "	and U.S. K.
12 FATHER'S NAME	MOTHER'S MAIDEN NAME
Trank moore	Seilia Luckling
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. no or unknown) (If yes, give war or dates of service) SECURITY NO.	. INFORMANT ADDRESS
9	do B. adamy 1420 n. Parrish it
18. 00 2 X . CAUSE OF	DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	ulmonan J. B. Ventra
heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
O DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST,	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATI	ION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or	YES NO
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, etreet, office blds., etc.)	21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
CAUSE OF DEATH	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE ME AT WORK	
22. I hereby certify that I attended the deceased from 10-	2-, 1950, to 3-6-, 195/, that I last saw the
deceased alive on 3 - 3 -, 19 17. and that death occurred	
	ADDRESS 23c. DATE SIGNED
Trangle Saunder M.O. 1	129n. Striker St. 3-7-91
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY	
Burial 3-9-51 ant audrer	and
DATE RECEIVED BY REGID RANGE SIGNATURE 1 1 0 125	FUNERAD DIRECTOR ADDRESS
LOCAL REGISTRAR	1. 25 V/20 1 1302P 11+ +
1848 / 1321 N. P.	14.74. 1 (1240x 1303) Justimory
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7/0	100



BALTIMORE CITY HEALTH DEPARTMENT

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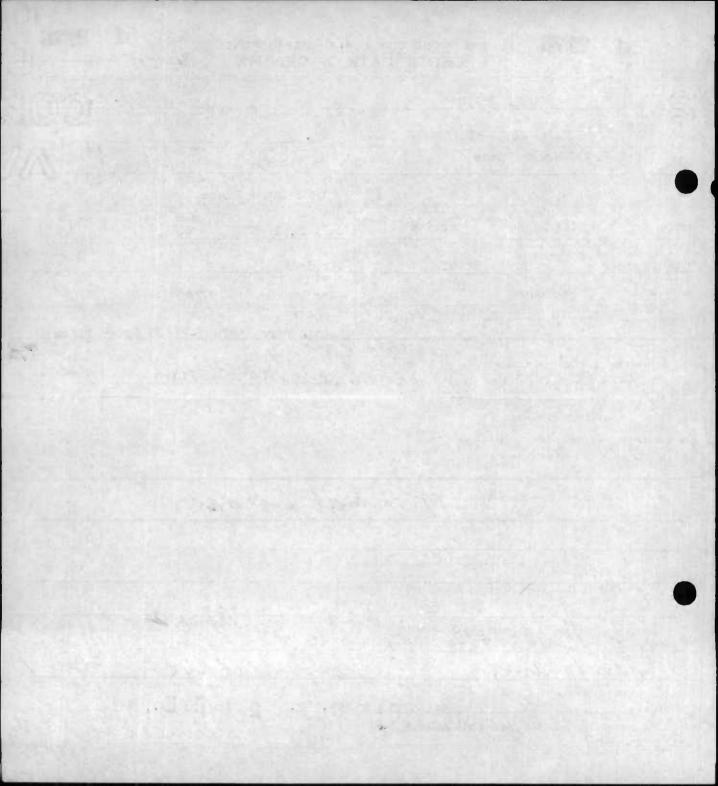
ВІ	RTH NO.		CI	ERTIFICAT	E OF DEATH	Registered	1 No
	NAME OF E	W:II	ism A.	Gisse	-1	2. DATE OF DEATH	3-6-51
3. A.	Baltimore		Balto.	Md.	4. USUAL RESIDENCE		If institution: residence before admission)
В.	FULL NAME	OF (If not in hospit	al or institution,	give street address o	Maryland	Maley	107
	STITUTION	Bon Seco	ons Ho	shital	Balt. m		nits, writ RUKAL and give township)
	1			Yrs.	o. STREET ADDRESS		
U	Length of s	stay in Baltimore		Mos. Days	119/1/		rt.
5.	SEX M	6.COLOR OR RACE	7. SINGLE. M WIDOWED. Widow	ARRIED, DIVORCED (Specify	8. DATE OF BIRTH		Months Days Hours Min.
10	A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)		BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF
	SAL	6s MAN	Lithogr	aphing	Belling.	ne, hd.	WHAT COUNTRY?
13	. FATHER'S			173	14. MOTHER'S MAIDEN	NAME	
		iam John Giss			Anna M. Bowe	rs	
Yes	. WAS DECEAS , no or unknown) yes	ED EVER IN U. S. ARMEI (If yes, give war or date World War	of service)	S. SOCIAL SECURITY NO.	17. INFORMANT Miss Barbara	M. Gissel - 1	ADDRESS 126 N. Longwood
	18. / =	4× .		CAUSE	OF DEATH		INTERVAL BETWEEN
ERTIFICATION	OTHER S	S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA II BIGNIFICANT CONDI G TO THE DEATH, BUT	STATING THE ST.	(B) OUE TO (C)			
Ü	TO THE D	DISEASE OR CONDITION	CAUSING IT.				
A L	19A. DATE C	OF OPERATION 1	98. MAJOR FII	NDINGS OF OPE	RATION		20. AUTOPSY?
EDICA		DENT WAS UNDER-		OF INJURY (e. g., factory, street, office bldg.		(If in Baltimore City	7, give exact location)
Σ	21D. TIME	(Month) (Day) (Year)	(Hour) 21E.	INJURY OCCUR	RED 21F. HOW DID INJ	URY OCCUR?	
	OF INJURY		m. WHIL				
	22. I hereb	by certify that I att			1- 10 , 1951, to	3-6 19	51, that I last saw the
					rred atm., fro	m the causes and on	the date stated above
	23A. SIGNA		hendo.		238. ADDRESS	И	3 - 6-5/
2/	A. BURIAL,	CREMA- 248, DATE			D	o. LOCATION (City, toy	
TIC	N, REMOVAL	Specify)				7. 0	
D	Buria	D BY REGISTRAR	s signature	Meadowridg	PROMOTERAL DARECTO	oward Co. Md.	ADDRÉSS /
L	AR7-1	TRAR CLUBS	The Mile	ious, Ha	Um. Vic	lener & Su	10 - balto,
	VS 150	331	2 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	450	44		46)
					1		



BALTIMORE CITY HEALTH DEPARTMENT

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BI	RTH NO.			CERTIFICATI	E OF DEATH	Registered N	0.
1. NAME OF DECEASED 2, DATE							
(T)	ype or Print)	EDWAI	RD RIPL	EY		OF Mar	. 5, 1951
3. PLACE OF DEATH:			4. USUAL RESIDENCE (Where deceased lived. If i			
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or			A. STATE Md.	B. COUNTY	before admission)		
	FULL NAME SPITAL OR	OF (It not in nospit	ui or institut	lon, give street address or location)	2	f outside corp rate limits	, wr to RURAL and give
IN	STITUTION	1603 Eutaw	Place		Baltimore	14-	township)
				37			
				Yrs. Mos.	D. STREET ADDRESS (If		
-		tay in Baltimore		Days	1603 Eutaw Pla		V 1 . 8
	SEX	6. COLOR OR RACE	WIDOW	E. MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH		under I Year It Under 24 Hours nths: Days Hours Min.
П	ale	white		married	July 9, 1887	63	
10 work	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B, KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
_	teelwork		St	eel	Virginia		WHAT COOKINT
_	FATHER'S			AILL	14. MOTHER'S MAIDEN N	AME	
		Maisoncup			SI	herman	
15	. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL			
(Yes	, ao or unknown)	(If yes, give war or date	of service)	SECURITY NO.	17. INFORMANT	AL	DDRESS
					Mrs. Mary Ripl	ey - 1603 Eut	
	18. 33	× X		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION			0 0 da Q 0 1	0,	7/1
	(This does	LEADING TO DEAT	f dying, e. g	., (A) erel	na como		1 days
		re, asthenia, etc. It mea complication which c					
		ANTECEDENT CAUS	ES				
TION		OR CONDITIONS, I				······································	***************************************
E		HE ABOVE CAUSE (A) 'ING CONDITION LA		E DUE TO			
FICA				(C)		••••••••••••••••	***************************************
II.		11	A	7.1	1 1 1 10		
ERTI		IGNIFICANT CONDI			1110 Bather	ad .	
CE		TO THE DEATH, BUT			ace welling		
	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
A							YES NO
EDICAL		ENT WAS UNDER-		CE OF INJURY (e. g., i		If in Baltimore City, g	ive exact location)
Ш	CAUSE OF	R CONTRIBUTING DEATH	about nome,	farm, factory, street, office bldg.,	INJURY OCCUR?		
7	1D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	F INJURY			WHILE AT NOT WINLE		4	
	- N	A day	m.	11/11	5V1 011	inch 2 5	1
	/1	y certify that I att			, 19 (tol	19	, that I last saw the
			,192 /,		red of 14.57 m., from t	the causes and on th	
	23A. 51GN	TURE T IN	10	2	B. ADDRESS	+1110	23C. DATE SIGNED
	M	m / · luv	1	M. D. /	MALLO ININ	WUT.	1/9/
710	A. BURIAL.	CREMA- 24B. DATE Specify)	0	24c. NAME OF CEMETE	RY OR CREMATORY 246. L	OCATION (City, town,	or county) (State)
	Burial	3/8/51		Meadowridge	Men. Rk. O t	oward Cb. Md	1 0
DA	ATE RECEIVE	D BY REGISTRAR	SEIGNATI	IRE 2	25 FUNERAL DIRECTOR	-/- 1/	ADDRESS &
	44.00 7	1051	74.41	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	2m. J.	wener 7	Allo Halle
-	W 150	1351	1112111				MAX.
	100			690	14	8	30
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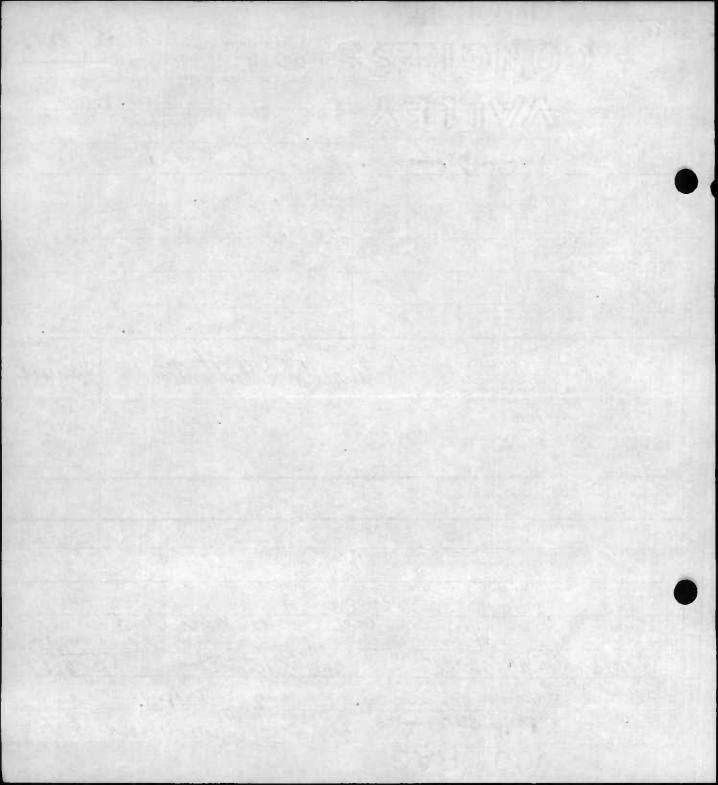


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BALTIMORE CITY HEALTH DEPARTMENT

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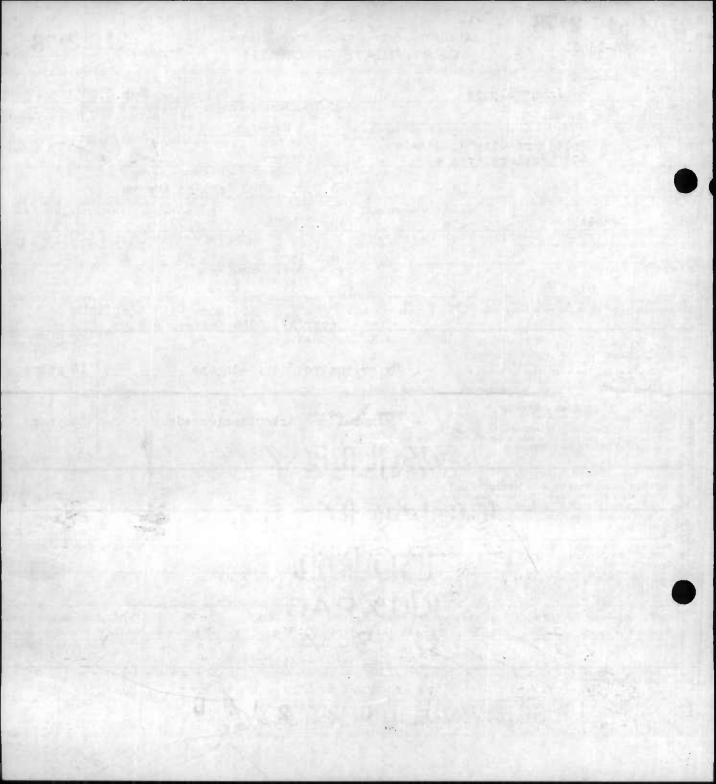
Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2 DATE (Type or Print) OF HELEN GREGG SMITH DEATH Mar. 6. 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B COUNTY before admission) B FILL NAME OF (If not in hospital or institution, give street address or Md . HOSPITAL OR (If outside corporale limits, write R C. CITY OR TOWN AL and give INSTITUTION township Cecil Apts. - 1123 N. Eutaw St. Baltimore D. STREET ADDRESS (If rural, give location) Mog c. Length of stay in Baltimore 1123 N. Eutaw St. Dave 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | It Under | Year | If Under 24 Hours | Min. 7. SINGLE, MARRIED WIDOWED DIVORCED (Specify) famala white single June 24, 1879 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF vork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? never employed Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles H. Smith Ida Mary Ward 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16 SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Miss Alice Smith - 1123 N. Eutaw St. INTERVAL BETWEEN 18. 22.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONlal TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e. g., in nr (If in Baltimore City, give exact location) 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE WHILE AT , 1950, to Merch 6, 1951, that I last saw the 22. I hereby certify that I attended the deceased from_ 195/ and that death occurred at_ deceased alive on 3 m., from the causes and on the date stated above. 23A. SINATURE 23B. ADDRESS 23C. DATE SIGNED 24A. BURIAL, CREMA TION REMOVAL (Specify Burial 24B. DATE 24D. LOCATION (City, town, or county) 3/8/51 Elkton Cem. Elkton REGISTRARIS SIGNATURE 25 FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS LOCAL REGISTRAR



3 42051 2178 REA-15601

CERTIFICATE OF DEATH Registered No. 2178 BALTIMORE CITY HEALTH DEPARTMENT

В	RTH NO.			CERTIFICATI	E OF DEAT	П			
1. NAME OF DECEASED (Type or Print) 2. DATE OF									
(1	ype of Trint)	John I	Blouse		DEATH Mar.2,1951				
	PLACE OF D				4. USUAL RESIDENCE (Where deceased lived. If institution : residence				
-	FULL NAME	City, Maryland	al or institut	tion, give street address or	A. STATE Mary	lond	B. COUNTY	Į.	pefore admission)
H	OSPITAL OR				c. CITY OR TOWN		outside corponate li	mits, write	RURAL and give
IN	ISTITUTION	Baltimore					7/-	-	township)
	*	4940 East.	ern ave	Yrs.	Baltimore D. STREET ADDRESS (If rural, give location)				
		1	T	Mos					
-		tay in Baltimore		ife Days	B.C.H. 4940 Eastern Avenue				
5. SEX 6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	H	9. AGE (In years last birthday)	Months Da	ys Hours: Min.	
Male		White	Single		Aug.2, 1871		79		
TO WOT	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	IOB. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
		or war and mo, even m reen gu/		INDUSTRE	Maryland WHAT COUNTRY				
13	FATHER'S	NAME			14. MOTHER'S MAIDEN NAME				
		7 7			? ?				
16	WAS DECEASE	ED EVER IN U. S. ARMED	FORGER	I 16. SOCIAL					
(Ye	, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.	17. INFORMANT Baltimore City Hospitals				
					Records: 4	940 Ea	stern Aver	nue	
	18. 44	/3 X .		CAUSE	OF DEATH			INT	ERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY					ONS	SET AND DEATH
	(This does	LEADING TO DEAT	TH f duing a	. Hyperte	ensive Heart Disease			1	4 years
	heart failure, asthenia, etc. It means the disease,								
	injury or	complication which e	auscd death	.) DUE TO					
	ANTECEDENT CAUSES								
Z	DISEASES OR CONDITIONS, IF ANY, GIVING						rosis	1	4 years
임	RISE TO T	HE ABOVE CAUSE (A)	STATING TI	HE DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED									
2									
F									
R		IGNIFICANT CONDI							
Ü		ISEASE OR CONDITION							- Ti
L	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION			20	D. AUTOPSY?
SA						YE			
EDICAL	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, atreet, office bldg., etc.) INJURY OCCUR?						f in Baltimore Cit	y, give exa	et location)
	CAUSE OF	DEATH		712100000000000000000000000000000000000	Man Macket				
Σ	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY	OCCUR?		
	PF INJURY			WHILE AT NOT WHILE					
		m. work AT WORK							
	22. I hereby certify that I attended the deceased from 2-6, 1919 to 3-2, 1951, that								
deceased alive on 3-2, 19512, and that death occurred allo: 30am., from the causes and on the dat									stated above.
	23A. SIGNA	TURE	131	-1	3B. ADDRESS			_	DATE SIGNED
		1.13.	1/1		4940 Eastern				6-51
								ty) (State)	
burial 3/8/51 New Freedom Cemetery New Freedom, Pennsylvania									vania
	ATE RECEIVE	D BY REGISTRAR	S SIGNATI	RE.	25 FUNERAD DIE		13	ADDR	
L	MAAD 7	RAR	Jany	Charles, Mr. U	Wm Bal	10	7077 04		
=	MAR 7 -	1957		3 RT		Mc.	1217 St.	raul 5	r.eer
	VS 150	194 6 1	44.	AN H. Talanta and an artist of the same of					



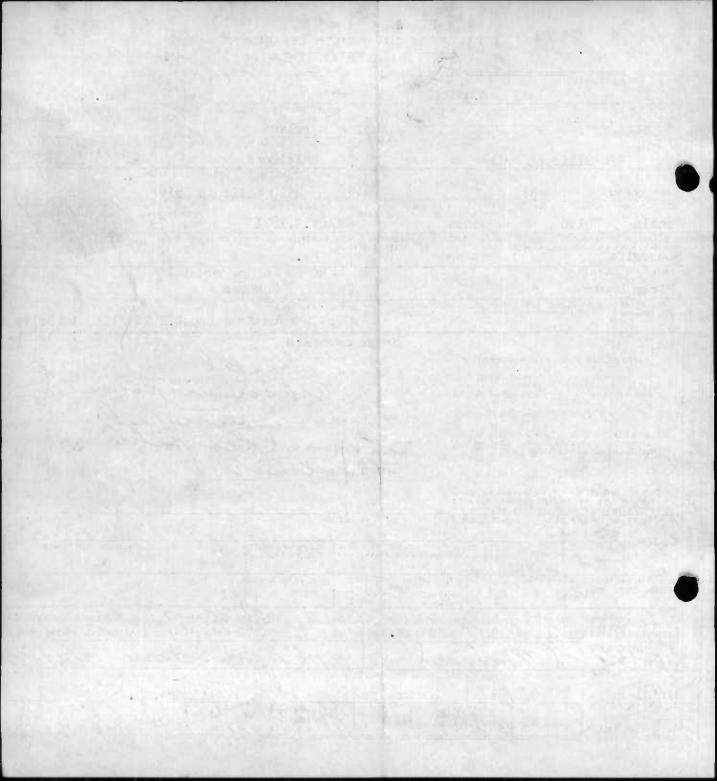
BALTIMORE CITY HEALTH DEPARTMENT

51 2179

Registered No_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF AGNES J. STUMP Mar.5, 1951 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. CDUNTY before admission) A. Baltimore City, Maryland A. STATE Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write I URAL and give INSTITUTION township Baltimore 2920 Ellicott Drive D. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore 2920 Ellicott Drive Days Il Under 1 Year 5 SEX 6. CDLDR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) last birthday) Months: Days Hours! Min. WIDOWED, DIVORCED (Specify) Aug. 9, 1871 Female White Widow 11. BIRTHPLACE (State or foreign country) 10A. USUAL DCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 12 CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? At home Housewife Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Hiram Douty 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY ND. Mrs Lawson Armentrout, 2920 Ellicott Drive INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF DPERATION 198. MAJOR FINDINGS DF OPERATION NO F none (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED DF INJURY NOT WHILE WHILE ATT WORK 22. I hereby certify that I attended the deceased from War 3 to War 3 . 19 3 /that I last saw the . 19.2 /, and that death occurred at 9. 30 m. from the eauses and on the date stated above, deceased alive on Mans 23B. ADDRESS 23c. DATE SIGNED SA SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 240 BURIAL, CREMA-HON, REMOVAL (Specify) 24D. LDCATION (City, town, or equalty) 24B, DATE Loudon Park Burial Baltimore, Md. ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE

VS 150

LOCAL REGISTRAR

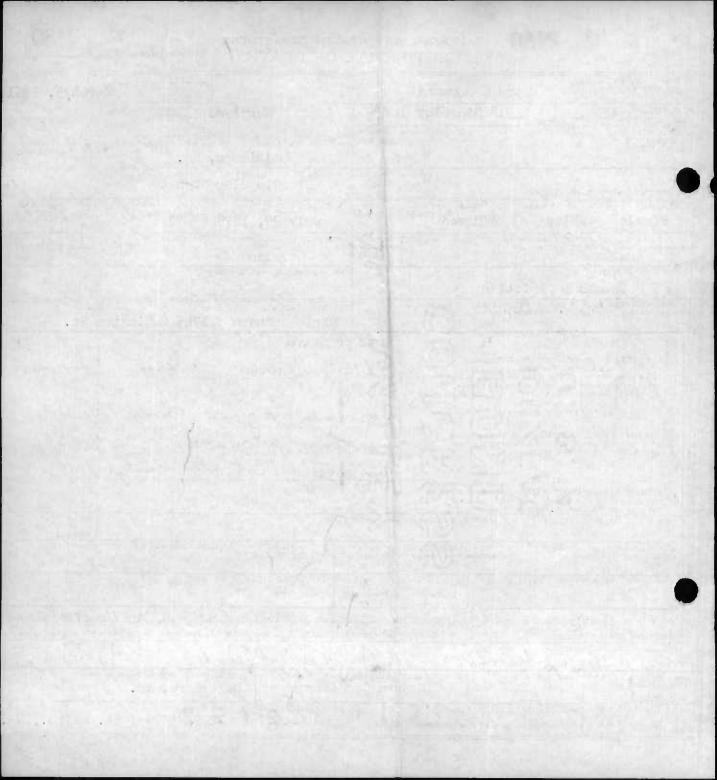


CERTIFICATE OF DEATH

51 2180 Registered No.

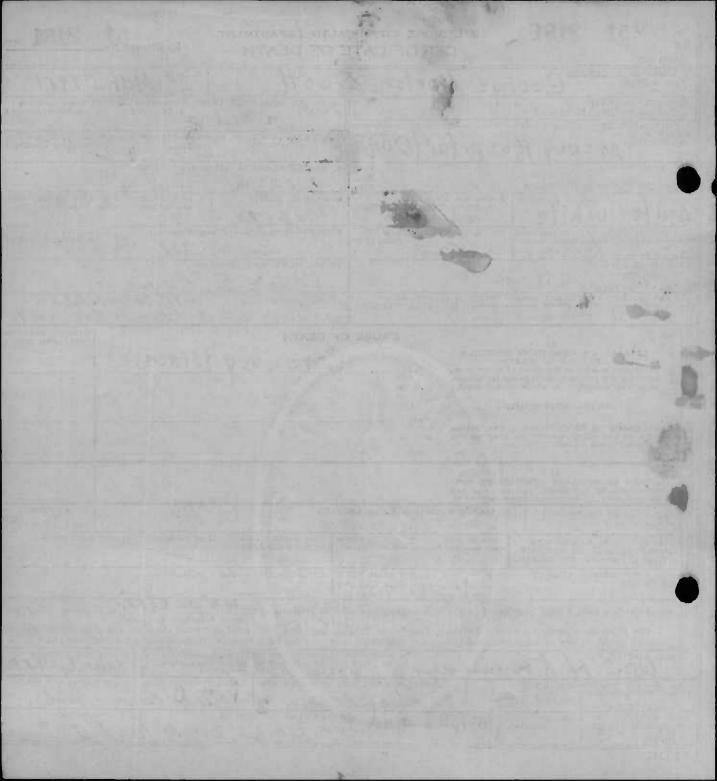
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	BIRTH NO.		CERTIFICATI	E OF DEATH	arragiovered 1			
	1. NAME OF DECEASED (Type or Print)	Mary E H	ousand		2. DATE OF DEATH	March 5, 195		
1	3. PLACE OF DEATH: a. Baltimore City, Marylar b. FULL NAME OF (If not in	ıu	dgeley St	4. USUAL RESIDENCE	ere deceased lived. If B. COUNTY	institution: residence before admission)		
Н	HOSPITAL OR INSTITUTION		location)	c. CITY OR TOWN (If outside corporate imit, write ki KAL and give township)				
	Length of stay in Baltim	ore	Yrs. Mos. Days	918 Ridgeley Street				
	5. SEX 6. COLOR OR Female White		E, MARRIED, ZED DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year Hours 129, 1878 72				
W	10A. USUAL OCCUPATION (Giver done during most of working life, even in HOUSEWITE	ekind of 108. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland	12. CITIZEN OF WHAT COUNTRY			
-	13. FATHER'S NAME Thomas E C	hristian		14. MOTHER'S MAIDEN NAME				
-	15. WAS DECEASED EVER IN U.S.		16. SOCIAL SECURITY NO.	17. INFORMANT Marie Johnson	1745 Coving	DDRESS ton St.		
MEDICAL CERTIFICATION	OTHER SIGNIFICANT TRIBUTING TO THE DEATH TO THE DISEASE OR CON 19A. DATE OF OPERATION	DEATH mode of dying, e. It means the disease which caused death CAUSES DNS, IF ANY, GIVII SE (A) STATING TO ON LAST, CONDITIONS CO. I, BUT NOT RELAT DITION CAUSING 19B, MAJOR	(B) (C) (C) (C) (D) (C) (C) (C) (C			INTERVAL BETWEEN ONSET AND DEATH 1-2 min 10-15 1		
	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21D. TIME (Month) (Day) F INJURY 22. I hereby ecrtify that deceased alive on 23A SIGNATURE 24A. BURIAL. CREMA- TION, REMOVAL (Specify)	(Year) (Hour) m. I attended the	and that death occur	injury occur? 21f. How DID INJURY 21f. How DID INJURY 20f., 1951, to Man red at 11:00 Pm., from the 3B. ADDRESS 642 V L DI RY OR CREMATORY 24D. LO	145,195	I, that I last saw the he date stated above 23c. DATE SIGNED 3 - 5 - 5 (
	Burial 3/9 DATE RECEIVED BY REGIS	751 TRAR'S SIGNATURE (1)		25, FARMEN STOCKE		ADDRESS St. Balto., Md		



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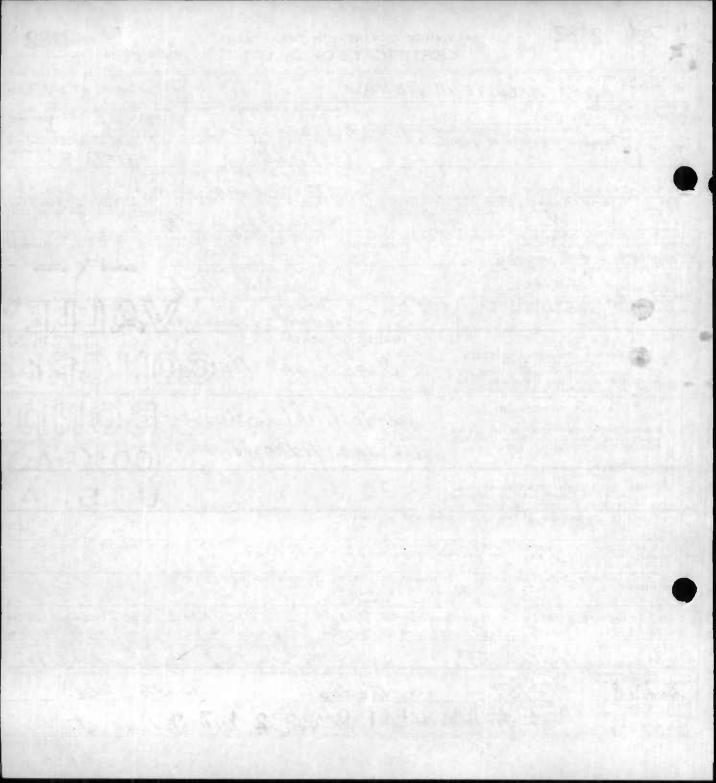
LOCAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

S1 2182

В	IRTH NO.			CERTIFICATI	E OF DEATH	Registered	1110,
	NAME OF Daype or Print)	ANNA MA	DELEA	VE REGAN	,	2. DATE OF MO	r. 5, 1957
	Baltimore	City, Maryland			4. USUAL RESIDEN	MCE (Where deceased lived.	If institution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (1f not in hospit	al or institution	on, give street address or location)	c, CITY OR TOWN	(If outside corporate lin	nits, write RURAL and give township)
				Yrs. Mos.	D. STREET ADDRES	(If rural, give location)	9.3
	SEX_	tay in Baltimore	7. SINGLE		8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours
_	F	w	,	ED, DIVORCED (Specify)	mar. 11, 189	9 50	Months Days Hours Min.
140	k dooe during most	الراب والتصوير المساوات المتأثث المساور	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	Lederer Lederer	to Care	4	14. MOTHER'S MAIL	ROOL	
15 (Ye	5. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	D. O Par	ADDRESS
	18. 5-	20-5	ı	CAUSE	OF DEATH	ported p. page	INTERVAL BETWEEN
9	(This does heart failt	SE OR CONDITION LEADING TO DEA' s not mean the mode of tre, asthenia, etc. It mea complication which of	TH of dying, e.g. ns the disease		estinal i	NECROSIS	56 lus
FICATION	DISEASE: RISE TO T UNDERLY						
CERTIF	TRIBUTING	II SIGNIFICANT CONDI 3 TO THE DEATH, BUT USEASE OR CONDITION	NOT RELATED				
1				FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICA	21A. ACCID LYING OF CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., ic rm,factory,etreet,office bldg.,e			, give exact location)
M	2 1D. TIME OF INJURY	(Month) (Day) (Year)	w	1E. INJURY OCCURRI	ED 21F, HOW DID I	NJURY OCCUR?	
		live on man 5	ended the	leceased from mondered from that death occur	red at 9:15 Om., 1	to Mes 5, 19, from the causes and on	that I last saw the the date stated above.
	4A. BURIAL,—		51 2	M. D. 3	RY ON CREMATORY	24D. LOCATION (City, tov	vn, or county) (State)
	ATE RECEIVE DCAL REGIST	D BY REGISTRAR	SEIGNATA	auda, M.A.	25. FUNERAL DIREC	TOR POLITY	ADDRESS
		351	1 " 1 for 5 .	3904	001 000	- Jan Jan	122B



25. FUNERAL DIRECTOR

ADDRESS

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DATE RECEIVED BY

LOCAL REGISTRAR

VS 150

REGISTRAR'S SIGNATURE

THE COUNTY OF THE PARTY OF THE Water market by

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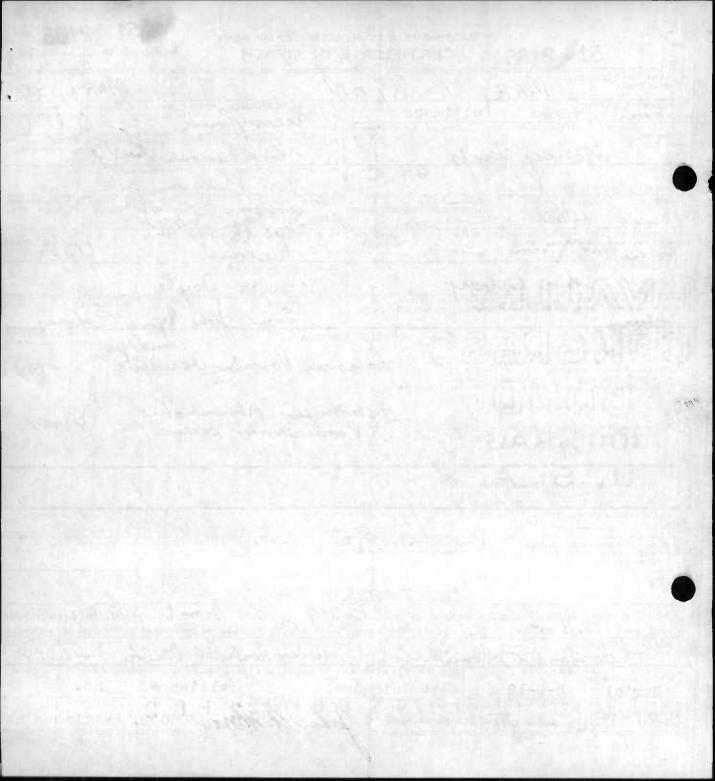
BALTIMORE CITY HEALTH DEPARTMENT

51 2184

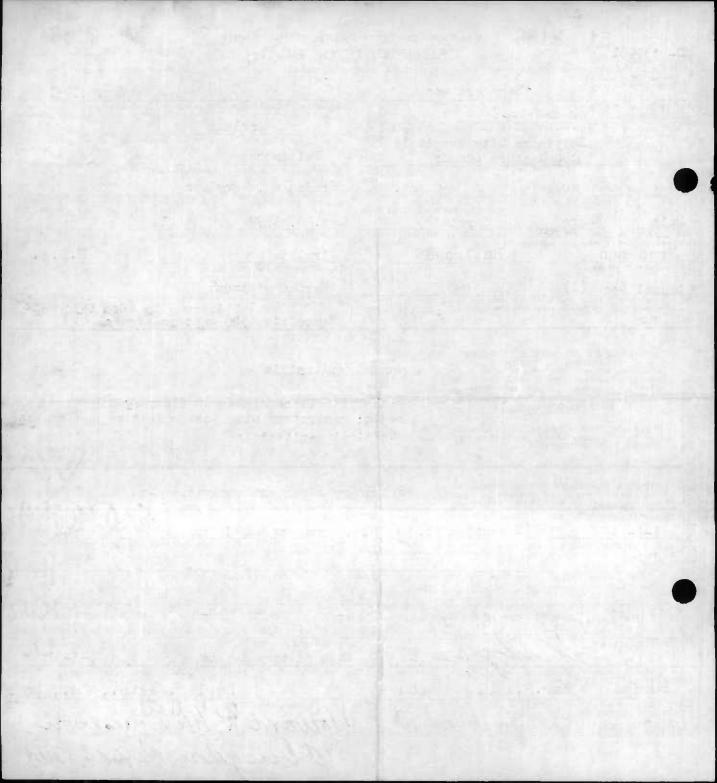
Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAK and give INSTITUTION Ballemore D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (in years) 7 SHART AGE (in years If Under I Year If Under 24 Hours last birthday) Months Days Hours Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) 75 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? housewe 13. FATHER'S NAME James, 15. AVAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, an or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. no ONSET AND DEATH CAUSE OF DEATH 0.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Broncho pneumonia: Heart Failure (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Fracture Surgical Neck, 11. FER RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c) Arteriosderosis, Senility OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about bnme, farm, factory, street, nffice bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 113 E Hambur 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY F INJURY NOT WHILE Fall WHILE AT 212715 WORK 22. I hereby certify that I attended the deceased from Feb. 28 1950 to May 19.51, that I last saw the deceased alive on. ____ 19___ _. and that death occurred at_ m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C, NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) (State) 7/5 Resorval DATE RECEIVED BY 25. RUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR

grade has used small the b Grant of Truet Samueling Sound

51 2185 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: B. COUNT 4. USUAL RESIDENCE Where deceased lived If institution: residence Baltimore A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits write RURAL and give INSTITUTION township) unoul (If rural, give location) 60 Yrs. D. STREET ADDRESS MIOS. Telquan out Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE MARRIED If Under 1 Year 9. AGE (In years) WIDOWED DIVORCED (Specify) last birthday) Months Days Hours Min. Widowed 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (Max or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY House wife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth 15. WAS DECEASED VER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 6 Corne INTERVAL BETWEEN 18. CAUSE OF DEATH 443X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. c., in or about home, farm, factory, street, office blig, etc.) (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-2 IC. WHERE DID INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ... 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUPRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 10019, 1951, to Morb, 1971, that I last saw the deceased alive on Morb, 1951, and that death occurred at 432 m., from the causes and on the date stated above. , 19 1/, that I last saw the 23A. SIGNATURE 23c. DATE 24A. BURTAL, CREMA-240. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY 248. DATE (State) Baltimore Md. Cathedral Burial 3-9-1951 New DATE RECEIVED BY REGISTRAR'S SIGNATURE 35. FUNERAL PIRECTOR ADDRESS Baltimore St VS 150

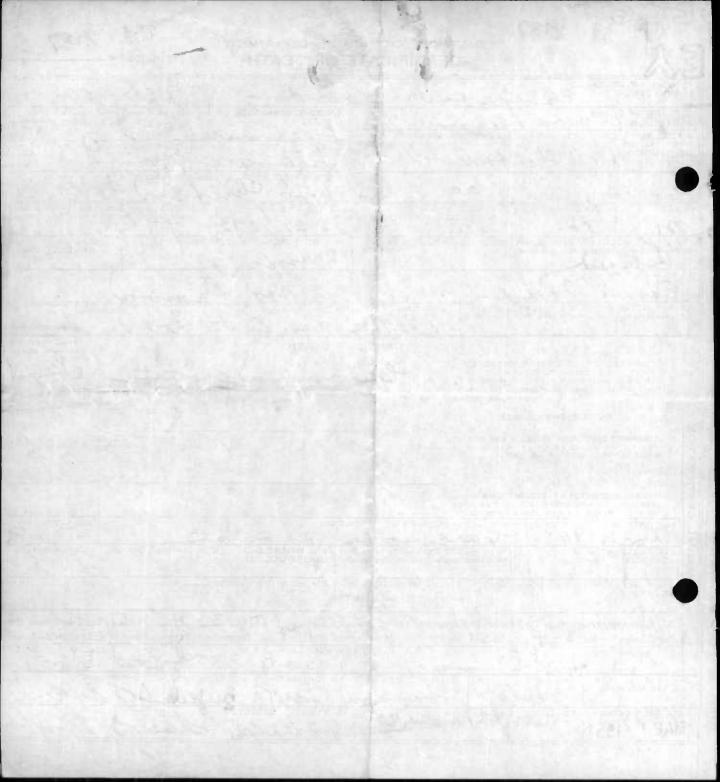


O	00 D- 139981 51 2186	BALT		EALTH DEPARTMENT	Registered No	2186	
1.	NAME OF DECEASED ype or Print)			L OF BEATH	2. DATE		
3.	PLACE OF DEATH: Baltimore City, Maryland	aunders	nee	4. USUAL RESIDENCE (DEATH 12	r.4,1951 estitution: residence before admission)	
H	FULL NAME OF (If not in hospits of interpretation) Baltimore 4940 East	City Ho		Baltimore	If outside corporate limits,	write RURAL and give township)	
	Length of stay in Baltimore		50 Yrs. Mos. Days	Bradshaw, Mar	yland	300	
	Male Negro	Marri	D, DIVORCED (Specify)	8. DATE OF BIRTH Nov.20, 1879	last birthday) Mon-	nder I Year Under 24 Hours ths: Days Hours Min.	
wor	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired) Trackman FATHER'S NAME	Railr	of Business or INDUSTRY	Virginia		2. CITIZEN OF WHAT COUNTRY! U.S.A.	
	Samuel Lee (D)			Martha Lipscon			
(Ye	s, no or unknown) (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	Records: 4940	imore City Hos Eastern Avenue	Brtals	
RTIFICATION	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH (A) Acute Peritonitis Squamous cell carcinoma of floor of (B) mouth: gastrotomy with post operative Due to Chemical peritonitis (C)						
CERTI	OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION	NOT RELATED	Pulmona	ry Edema and emp	hysema	2 days	
MEDICAL	1-4-51 R 21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLAC	E OF INJURY (e. g., ir m,factory,street,office bldg.,e	Squamous Carci:	(If in Baltimore City, gi	20. AUTOPSY? YES X No ve exact location)	
	21D. TIME (Month) (Day) (Year) OF INJURY	WH	ILE AT NOT WHILE				
	22. I hereby certify that I att deceased alive on 3-4 23A. SIGNATURE	ended the de 1951 ar	nd that death occur	7-22 , 19 50 to red at 6:00am., from 38. ADDRESS 4940 Eastern Ave:	the causes and on the	that I last saw the date stated above. 23c. DATE SIGNED 3-5-51	
TI	AA. BURIAL, CREMA- 24B. DATE DN. REMOVAL (Specify) BURIAL Mar. 8,		Asbury	RY OR CREMATORY 24D.	orley, balto.	reounty) (State)	
D	ATE RECEIVED BY REGISTRAR SOCIAL REGISTRAR VS 150			Joward R		ADDRESS VSru 18 475C	
			7/000	wenge	AN I when	, 10/00	



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH -3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or in tution, give street address or HOSPITAL OR location) (If outside corporate limits, waited INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mios. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED H Under I Year 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of work done of king most of working life, even if retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yee, give war or dates of service) SECURITY NO 215.05.7632 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) CERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION XL2 noma EDICA 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or 21g. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY NOT WHILE WORK AT WORK 1950 to _, 195 that I last saw the 22. I hereby certify that I attended the deceased from. 195 . and that death occurred at L P.m., from the causes and on the date stated above. deceased alive on 3 - 17 234 SUSNATURE 23c. DATE SIGNED 23B. ADDRESS M. D 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY 25. FUNERAL DIRECTO ADDRESS

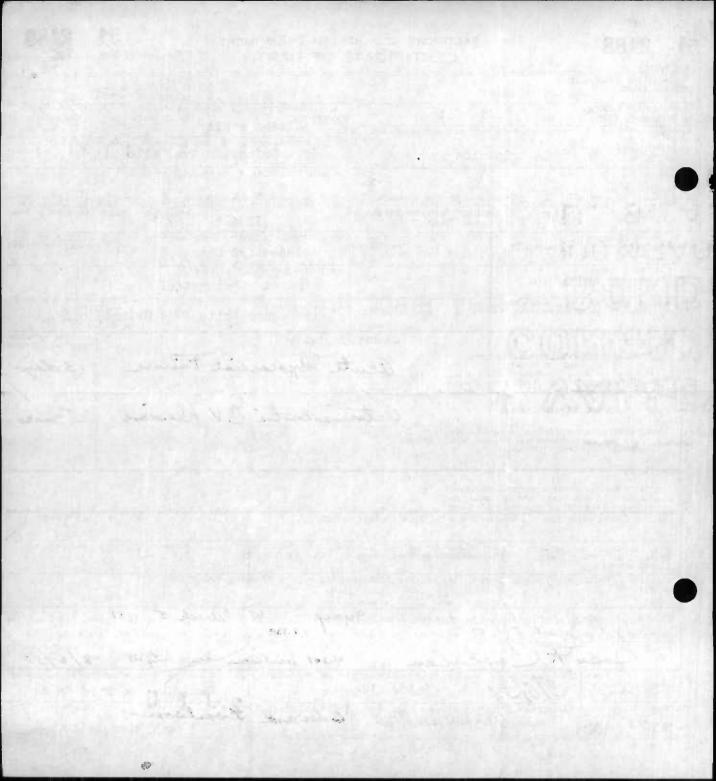
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2188 Registered No.

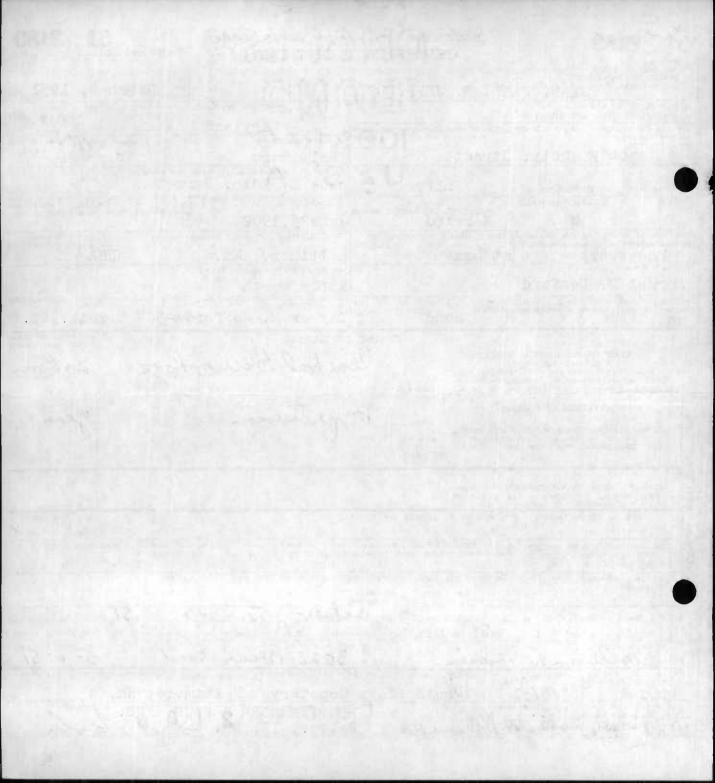
BIRTH NO.		OI DEATH		
1. NAME OF DECEASED (Type or Print) Richard S White			2. DATE OF DEATH 3-5	5 - 5I
A. Baltimore City, Maryland Balto City		4. USUAL RESIDENCE (W A. STATE Baltimore Ci	here deceased lived. I	f institution / residence lefter aumission)
B. FULL NAME OF HOSPITAL OR INSTITUTION 1924 Grinnalds Av	loeation)		outside corporate limi	cs, write NURAL and give
Length of stay in Baltimore 32	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)	
5. SEX Male 6. COLOR OR RACE 7. SINGLE. MAI WIDOWED D Marrie		8. DATE OF BIRTH I884 ?	9. AGE (In years last birthday) M	N Under Year N Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glass H	OUSE OR	11. BIRTHPLACE (State or for New York C		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Thomas White	(M)	Margaret Spri		
	SOCIAL SECURITY NO.	17 INFORMANT Helen Agnes Whi	te 1924 Grin	ADDRESS nalds Ave alto 30 Md
ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	(B) Orler (C)	issbrtie C.V	hlusine	5 years
19a. DATE OF OPERATION 19b. MAJOR FINE	DINGS OF OPERA	ATION		20. AUTOPSY?
LYING OR CONTRIBUTING about home, farm, fac	FINJURY (e.g., in tory,street,office bldg., st	or 21c. WHERE DID (I	f in Baltimore City,	
21D. TIME (Month) (Day) (Year) (Hour) 21E. II OF INJURY WHILE WORK			OCCUR?	
22. I hereby certify that I attended the deceded deceased alive on the state of the state of the deceded alive on the state of the stat	hat death occur	104, 1947, to We red ut 12.500.m., from to 38. ADDRESS 4201 bullen	he causes and on	I con Dire elevied
24A. BURIAZ, CREMA- 24B. DATE 24C. N		RY OR CREMATORY 24D. LO	OCATION (City, town	n, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE .	me Mas	25. TUNERAL DIRECTOR	000	ADDRESS
VS 150	6903	5		93)



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

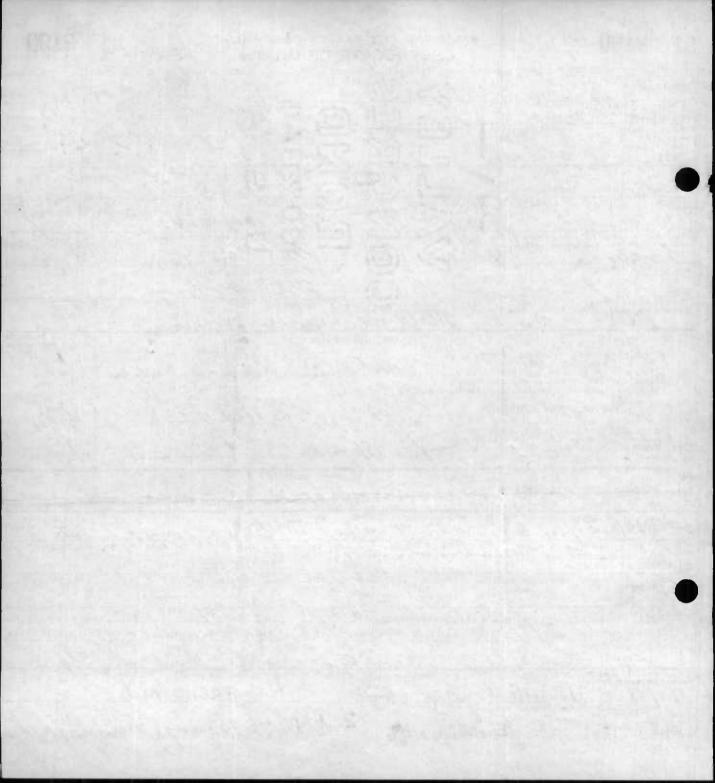
Registered No. 2189

I. NAME OF DECEASED (Type or Print) DEATH March 4, 1951 JEAN(JANE) R. JEFFORDS 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 304 E. 20th. Street Baltimore Yrs. D. STREET ADDRESS (If rural, give location) 304 E. 20th. Street Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH last birthday) Months Days Hours Min. 9. AGE (In years) WIDOWED, DIVORCED (Specify) F June 25, 1902 Married 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? housework at home Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME August D. Denford Emily Worth 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) none SECURITY NO. 16. SOCIAL 17. INFORMANT ADDRESS Taylor M. Jeffords-304 E.20th. St. no INTERVAL BETWEEN 18. CAUSE OF DEATH 331X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL VEC (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? ш CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE 22. I hereby certify that I attended the deceased from Toky 19 0 to 61 deceased alive on 2 - 2 19.5/ and that death occurred at_ ...m., from the causes and on the date stated above. 23c. DATE SIGNED 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) burial Druid Ridge Cemetery Baltimore. DATE RECEIVED BY INC. ADDRESS LOCAL REGISTRAR VS 150



5	1 6100		OF DEATH	X	egistered N	1 21.90
1	NAME OF DECEASED Type or Print) Lorain J. Clar	K		2. DA	F 🖘	111-1
1	. PLACE OF DEATH: . Baltimore City, Maryland . FULL NAME OF (If not in hospital or institution, gi		4. USUAL RESIDEN	NCE (Where dec		nstitution: residence before admission)
F	Maryland Line / Yorp	4 14 1	C. CITY OR TOWN	(If outside c	orporate limits	, write RURAL and give township)
	Length of stay in Baltimore	7 Days	D. STREET ADDRES	S (If rural, giv	re location)	200
- al	. SEX 6. COLOR OR RACE 7. SINGLE, MA		B. DATE OF BIRTH		(in years Mor	Under 1 Year I Under 24 Hours this Days Hours Min.
i wo	OA. USUAL OCCUPATION (Give kind of rk dopp during most of working life, even if retired) **Religious of the state of the	INDUSTRY	11. BIRTHPLACE (St.		intry)	12. CITIZEN OF WHAT COUNTRY
1	George & Clark.		Oll.	DENNAME	e	
(Y		SOCIAL SECURITY NO.	HOSPITAL	RECORDS	AD	DRESS
NO	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING	DUE TO	ratio Pul		embalus -	
FICATION		To Ot o	er 1 Mill	tuberli		16 m
CERTII	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
AL		h the alone		ch plans	P / intel	YES NO
1EDIC	2/A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, fac CAUSE OF DEATH	FINJURY (e. g., in o tory, street, office bldg., etc.	21c. WHERE DIE		timore City, g	ve exact location)
Σ	OF INJURY (Month) (Day) (Year) (Hour) 21E. II. III. WHILE A WORK		21F. HOW DID I	NJURY OCCUP	₹7	
	22. I hereby certify that I attended the deced	sed from Z	17 , 195/,	to 3/6	, 195/	, that I last saw the e date stated above
	23A. SIGNATURE	M. D. 23E	B. ADDRESS	gen Itap	s and on th	23c. DATE SIGNED
	3/7/51 Burish 5 OA	LAWN	PACREMATORY	BALTO.	Md.	
11 .	ATE RECEIVED BY REGISTRAR'S SIGNATURE	1 0 12	5. FUNERAL DIRE	LIOR		ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR MAR 7 - 1951 VS 150

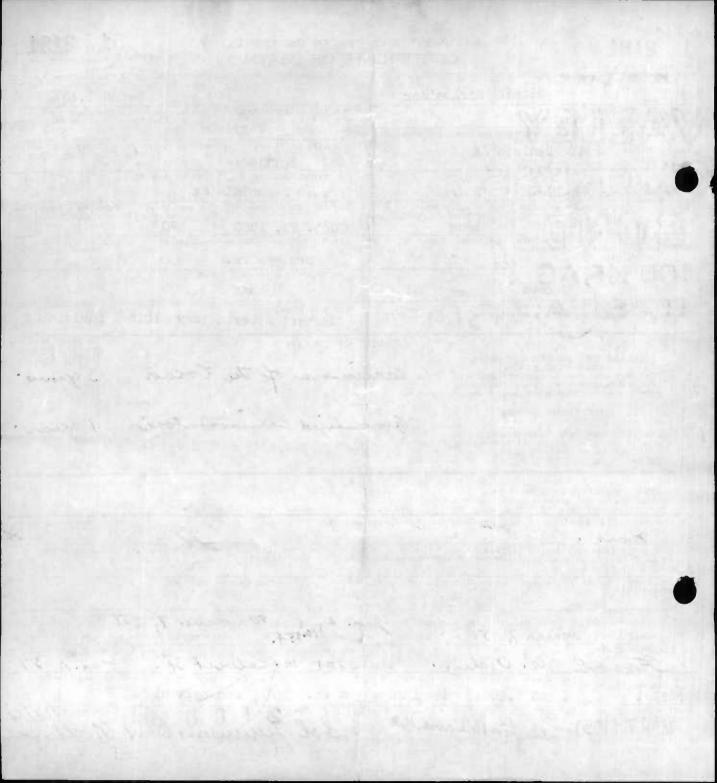


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BALTIMORE CITY HEALTH DEPARTMENT

S1 2191

В	IRTH NO.			JERTIFICATI	E OF DEATH	are grower eq	1102		
	NAME OF D Type or Print)		ie Berk	theimer		2. DATE OF MAI	rch 7,1951		
S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION 2117 Denison St.					A. STATE Mar	ce (Where deceased lived. B. COUNTY			
4	0	XIII DONES	on bu	Yrs.	Baltimo		(township)		
	Length of s	tay in Baltimore	3 Y	20,5	1015 S Boul		M III-land Name of the Control of th		
	Female	White	Widow	ED, DIVORCED (Specify)	Oct. 23, 188	0 9. AGE (In years last birthday) 70	If Under 1 Year If Under 24 Hours 10nths Days Hours Min.		
MOL	NOI		10B. KIND	OF BUSINESS OR INDUSTRY	Wormleys P		12. CITIZEN OF WHAT COUNTRY:		
13	. FATHER'S N	NAME Unkown			14. MOTHER'S MAID				
15 (Ye	. WAS DECEASI	ED EVER IN U. S. ARMED	FORCES?	16, SOCIAL SECURITY NO.		rkheimer 1015	ADDRESS S Bouldin St		
CERTIFICATION	DISEASES RISE TO T UNDERLY OTHER S TRIBUTING	LEADING TO DEAT i not mean the mode of tre, asthenia, etc. It mean complication which of ANTECEDENT CAUS S OR CONDITIONS, IF HE ABOVE CAUSE (A) VING CONDITION LA III GIGNIFICANT CONDITION TO THE OEATH, BUT ISEASE OR CONDITION	f dying, e. g., ns the discase, auscd death.) ES F ANY, GIVING STATING THE ST. TIONS CON-NOT RELATED	(B) General (C)	noma of t	he Coeast	1 year		
AL.	19A. DATE O	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?		
MEDICAL	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTI								
T10	A. BURIAL, CON. REMOVAL (S	CREMA: 24B. DATE	2.	M. D. Z		4D. LOCATION (City, tow	23c. DATE SIGNED 23c. 7 37 n, or county) (State)		
-	Burial ATE RECEIVE	March 7		New Cumberla	25. FUNDRAL DIRECT	Pennsylvania TON O Bus	Morth and		
	VS 150	100		Property of the second of the	11		50		



BALTIMORE CITY HEALTH DEPARTMENT

51 2192

Registered No-CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE Joshua Barnev Carr March 6, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Marvland HOSPITAL OR location' c. CITY OR TOWN (If outside corporate wette RURAL and give 3504 Howard Park Ave. INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) Life Length of stay in Baltimore 350% Howard Park Avenue Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OF RACE 9. AGE (In years | H Under 1 Year | H Under 24 Hours | Months Days | Hours | Min. Male White Widowed 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Retired Accountant Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emma Virginia Shaw Harry Carr 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yee, give war or dates of service) SECURITY NO No 4-01-779/B Mrs. George J. Connor, 3504 Howard Pk Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE WORK , 19___, that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 5 ... and that death occurred at 4 m., from the causes and on the date stated above. 23A,9IGNATURE 23c. PATE SIGNED 5201 Gwynn Oak Mye. AA 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Greenmount Complerv Burial 26 FUNERAL DIREC DATE RECEIVED BY 4510 Liberty

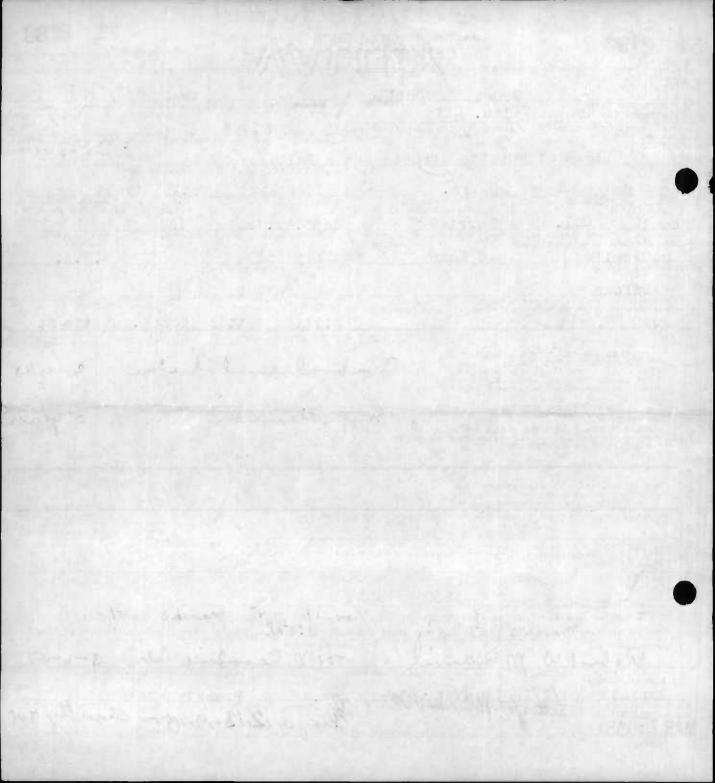
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BALTIMORE CITY HEALTH DEPARTMENT

51 2193

)1 2393 BIRTH NO.	CERTIFICAT	E OF DEATH Reg	istered No.
1. NAME OF DECEASED		2. DATE	
(Type or Print)	race Battle	OF DEATH	3/3/1951
3. PLACE OF DEATH: A. Baltimore City, Maryland Be		4. USUAL RESIDENCE (Where decease	
B. FULL NAME OF (If not in hospi	tal or institution, give street address or		before admission)
HOSPITAL OR INSTITUTION	location)		orate limits, write RUPAL and give
	avette Street	Baltimore City	5 - C township
	Yrs.	D. STREET ADDRESS (If rural, give lo	eation
Length of stay in Baltimore	30 Yrs. Mos.	1435 East Favette	Street
	7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (III	n years M Under 1 Year M Under 24 Hours thday) Months: Days Hours: Min.
D7 (CO)	WIDOWED, DIVORCED (Specify)		thday) Months Days Hours Min.
Female COL.	Married	Sept. 19. 1901 49	y) 12. CITIZEN OF
work done during most of working life, even if retired	INDUSTRY		WHAT COUNTRY
13. FATHER'S NAME	At Home	Maryland	I U.S.A.
13. FATTLER S NAME		14. MOTHER'S MAIDEN NAME	
Unkown ?		Unkown	
15. WAS DECEASED EVER IN U. S. ARME (Yes, no or unknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	, seedan No.	William Battle 1435	E. Pavette St
18. 332X I	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION		,	ONSET AND DEATH
(This does not mean the mode	TH (\	land on bulant	2 400 10
heart failure, asthenia, etc. It mes	ans the disease,		~ ~ wares
injury or complication which	caused death.) DUE TO		
ANTECEDENT CAUS	SES L.		4~2.4
O DISEASES OR CONDITIONS, I	F ANY, GIVING	peramon	o years
RISE TO THE ABOVE CAUSE (A)	STATING THE DUE TO		
S S S S S S S S S S S S S S S S S S S	(C)		
DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAU UNDERLYING CONDITION LAU UNDERLYING CONDITION LAU UNDERLYING TO THE DEATH, BUT			
OTHER SIGNIFICANT COND	ITIONS CON-		
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED		
. 19A. DATE OF OPERATION 1	198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
I I			YES NO
V U 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., i	o or 21c. WHERE DID (If in Baltimo	ore City, give exact location)
LYING OR CONTRIBUTING CAUSE OF DEATH	about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	
2 id. TIME (Month) (Day) (Year	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
OF INJURY	WHILE AT NOT WHILE		
	m. WORK AT WORK	17 47/ 40 10	. = 1
22. I hereby certify that I at	tended the deceased from YL	N. 17 , 1947, to March 3	, 1991, that I last saw the
		rred at 3:3 o Pm., from the eauses of	and on the date stated above.
23A. SIGNATURE	2	23B. ADDRESS	23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE	1) Hamel M.D.	807 N. Caroline &	w. 3-6-67
TION, REMOVAL (Specify)	24C. NAME OF CEMETE	TOR CREMATORY 24D. LOCATION (C	City, town, or county) (State)
Burial 3/7/19	51 Ws Mt Calvery	Cem. Brooklyn	
DATE RECEIVED BY REGISTRAN	the different and who	FUNERAL DIRECTOR	RADDRESTER AND
MAR 7 - 1951	a gar at any proper light state of the state of	Chay o. cachor 19	since of any
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BALTIMORE CITY HEALTH DEPARTMENT

51 2194

1.1.	QJ.03			CERTIFICATI	E OF DEATH	Registere	u 110,
	IRTH NO.						
	NAME OF D	ECEASED				2. DATE	
1,	type or I mit,	Nann	10	Frost		DEATH3/6	/I95I
3	PLACE OF D	EATH.	_		4. USUAL RESIDENCE (If institution: residence
A	Baltimore (City, MarylandBa	Tro.	lty	A. STATE	B. COUNTY	before admission
	FULL NAME	OF (If not in hospit	tal or institu	tion, give street address or			1
	OSPITAL OR			location)	c. CITY OR TOWN (I	f outside corporate li	nits write RURAL and give
1	-1	3T9 South	Winne	nt Stmoot			(twiship)
A	10	OIL DOUGH	ATHE	ent Street		ity	
				Yrs. Mos.	D. STREET ADDRESS (I	rurai, give location)	
	Length of s	tay in Baltimore	40 Yrs	Days	312 South Vi	ncent Str	eet
5	. SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years	If Under Year If Under 24 Hours
				VED, DIVORCED (Specify)	/c /	last birthday)	Montha Days Hours Min.
ļ	Female		Marr	ied	II/6/I896	54	1
10	DA. USUAL OC	CUPATION (Give kind of	108. KINI		11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
****	w. m	of working life, even if retired)	1	INDUSTRY	Winninia		TI WHAT COUNTRY
1.0	Housew:		At Ho	ne	Virginia		U.S.A
1.	3. FATHER'S	NAME			14. MOTHER'S MAIDEN N	IAME	
	Char	los Wrio	rh t		Hattie	?	
11		LOS WY18		1 40 505111		•	
(Ye	m, oo or uoknowo)	(If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No				Vivian Taylor	312 S. Vin	cent St
				CALLET			INTERVAL BETWEEN
	74	×X I		CAUSE	OF DEATH		ONSET AND DEATH
	DISEAS	SE OR CONDITION	DIRECTLY	a			
	(This does	LEADING TO DEA	TH of dving a	8:. (A)	marga (Co	and a	
	heart failu	re, asthenia, etc. It mes	ns the diseas	se.			
	injury or	complication which	caused deatl	DUE TO	10000		
		ANTECEDENT CAUS	SES				
-		ANTECEDENT CAO.	363				
ATION	DISEASES	OR CONDITIONS, I	F ANY GIVE	(B)	• • • • • • • • • • • • • • • • • • • •		
Ĕ	RISE TO T	HE ABOVE CAUSE (A)	STATING TO	HE DUE TO		70.0	
4	UNDERLY	ING CONDITION LA	AST.	(C)	Shire	A man	
0				(6)		***************************************	
RTIFIC		- 11	100000				
2	OTHER S	IGNIFICANT COND	TIONS CO	N-			
Ш		TO THE DEATH, BUT					
U		ISEASE OR CONDITION					
L	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
4							YES NO
EDICAL	21A. ACCID	ENT WAS UNDER-	218. PL.	ACE OF INJURY (e. g., ie	o or 21c. WHERE DID	If in Baltimore City	y, give exact location)
Ш		CONTRIBUTING	about home,	ferm, factory, street, office bldg., e	tc.) INJURY OCCUR?		
Σ	CAUSE OF						
	OF INJURY	(Month) (Day) (Year,	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
	OF 114501(1			WHILE AT NOT WHILE			
		7	m.	WORK AT WORK		100	
	22. I hereb	w certify that I at	ended the	deceased from	2 , 19 5 to 1	1200 19	that I last saw the
					red at 12 fin, from		
	234. SIGNA	TURE of	, 10,		3B. ADDRESS	ine chases and on	
	100	4 /	0000	= m7	1 2 2 8 61 1	20 - 0	23c. DATE SIGNED
6	1100	010		77 / M.O.	220 11		47751
	4A. BURIAL, CON, REMOVAL (S			24c. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, to	wn, or county) (State)
''	477		95I	Mt Calvery	Cem. Broo	klyn Md	
	Buris					17 T A 11 111 A	
	ATE RECEIVED		SSIGNATI	JRE	25 FUNERAL DIRECTOR	0.10	O ADDRISS
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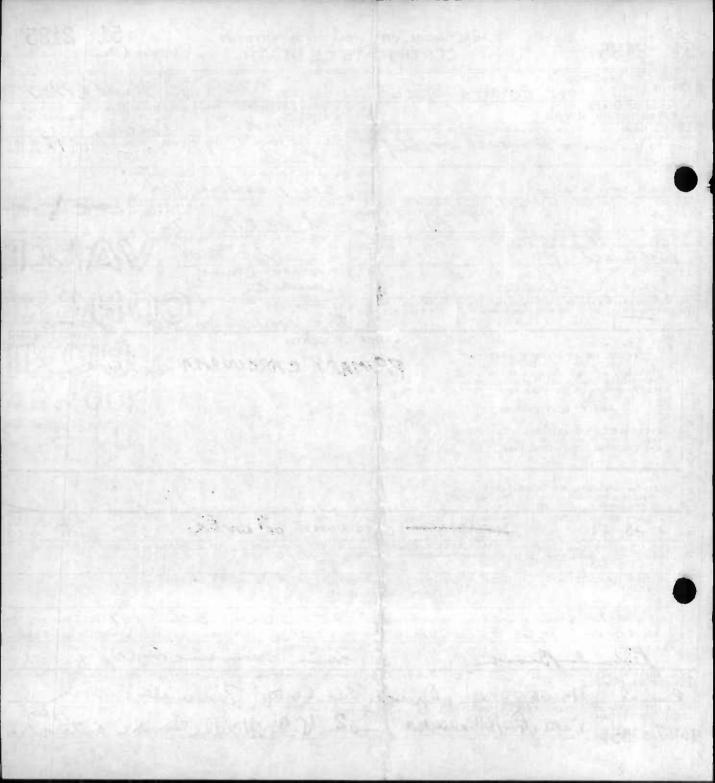
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51	2105
BIRTH	NO. S.O.O.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 21.95

Registered No.

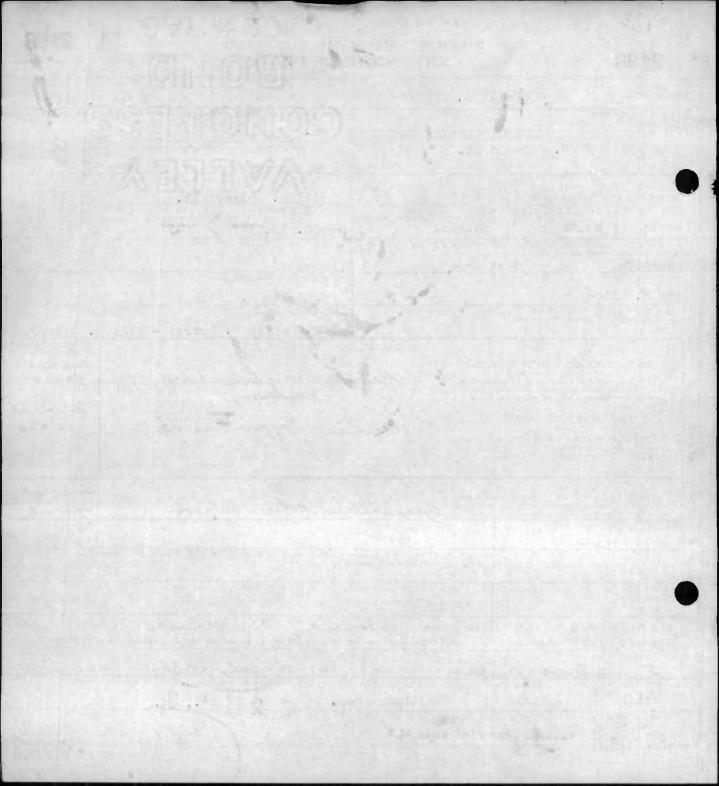
B	RIH NO.						
	NAME OF D	Spencer Ec	lward	Sisco		2. DATE OF DEATH	nel 6 1951
	PLACE OF D Baltimore (EATH: City, Maryland			A. STATE	E (Where deceased lived.	, , , ,
B.	FULL NAME	OF (If not in hospit	al or institut	ion, give street address o	/	Bal	10 1
IN	SPITAL OR ISTITUTION	Usuon Men	urra/	Hoffelaf	Belto	(If outside corporate lin	mits, write REPAL and give township)
	The same			Yrs.	D. STREET ADDRESS	(If rural, give location)	+ '
	Length of s	tay in Baltimore		Mos. Days	216 Hours		
5.	SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year If Under 24 Hours
-	M	W		/ED, DIVORCED (Specify	Oct 39181	last birthday)	Months Days Hours Min.
work	done during most	CUPATION (Give kind of working life, even if retired)	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
	archer	les			Balle.	mol.	LISA
13	FATHER'S	NAME 0 -			14. MOTHER'S MAIDE	NAME	
	John	E. Less	0		tarah E.	frey	
15 (Ye	. WAS DECEASE , no or unknown)	D EVER IN U. S. ARMEI (If yee, give war or date	FORCES?	16. SOCIAL	17. INFORMANT	_ <i>U</i>	ADDRESS
`			,	SECURITY NO.	Mrs. Jessie	lesion links	dame
	18. / 7	5 X		CAUSE	OF DEATH	7 12 12	INTERVAL BETWEEN
	(This does	LEADING TO DEAT not mean the mode ore, asthenia, etc. It mea	rH f dying, e. s		ARY CARCI	NOMA OF L	IVER ?
	injury or	complication which c	aused death	.) DUE TO			AMAZON
		ANTECEDENT CAUS	ES				A27 A27 在阿爾
NO	DISEASE	OR CONDITIONS, II		(B)			***************************************
J.F.	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO			
CA	UNDERLY	ING CONDITION LA	ST.	(C)			
IL.							
ERTI	OTHER S	II IGNIFICANT CONDI TO THE DEATH, BUT	TIONS CON	i-			
Ü	TO THE DI	ISEASE OR CONDITION	CAUSING I	т			
SAL	2-28-		METAS	FINDINGS OF OPE	INOMA OF WI	VER	YES NO
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., arm, factory, street, office bldg.		(If in Baltimore City	, give exact location)
	210. TIME ((Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	RED 21F. HOW DID IN	JURY OCCUR?	
	PF INJURY		m.	WHILE AT NOT WHILE			
	22. I hereb	y certify that I att				8-6 19	I, that I last saw the
	deceased al	ive on 3-6	195/	and that death occu	rred at 913 Am. fre	om the causes and on	the date stated above.
	23A. SIGNAT	TURE			238 ADDRESS		23c. DATE SIGNED
	aid	and Bea	h	M. D.	Union mes	social top	Be 3-6-51
24	A. BURIAL, C	REMA- 24B. DATE		24c. NAME OF CEMETE	ERY OR CREMATORY 24	D. LOCATION (City, tov	vn, or county) (State)
	Bureal	march 8	99.51	Daniel Je	ide Centre (Pilequille.	ma
D	TE RECEIVE	D BY REGISTRAR	SIGNATU	RE ()	28. FUNERAL DIRECT	OR	ADDRESS
L(CAL REGIST	make to	i Millia	MA MA	E. Monat	Rocald Days	E +1908
#	H / 133) 			The state of the s	men ourself	C Omans VI
	VS 150		100%	V			46 F
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BALTIMORE CITY HEALTH DEPARTMENT

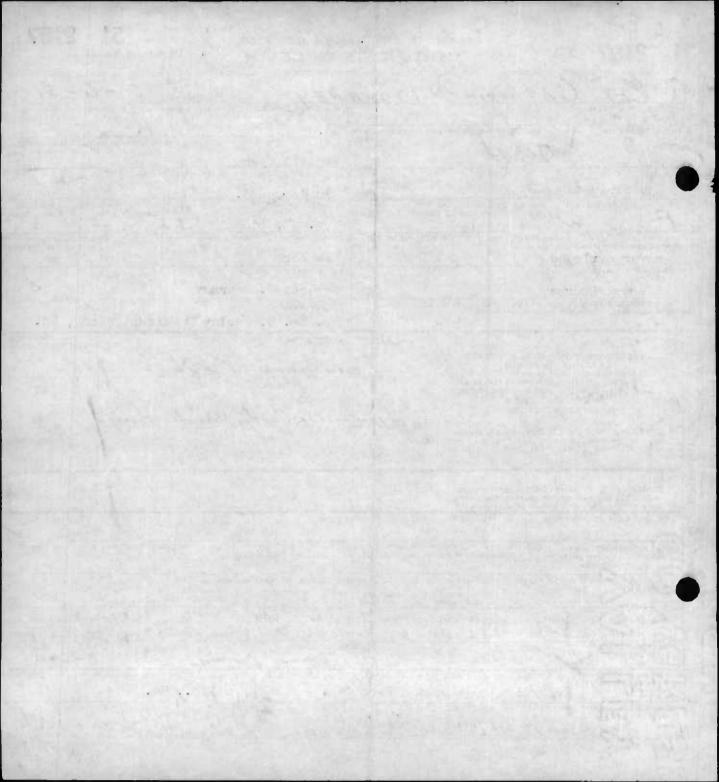
51 2196

34	RTH NO. 96			CERTIFICATI	E OF DEATH	Registered No).——
	NAME OF D		JANIE I	• SPARKS		2. DATE OF DEATH March	5, 1951
Α.		City, Maryland			4. USUAL RESIDENCE (V		
HO	SPITAL OR STITUTION	OF (If not in hospit 2721 N. Calv		ion, give street address or location)		outside corporate limits.	write to UR 4, and give township
	-10			Yrs.	Baltimore D. STREET ADDRESS (If	rural, give location)	- Community
		tay in Baltimore		Mos. Days	2721 N. Calver		
	emale	6.COLOR OR RACE		E, MARRIED. FED, DIVORCED (Specify) F10d	Sept. 22, 1878		hs Days Hours Min.
work	done during most	CUPATION (Give kind of or working life, even if retired)		INDUSTRY	11. BIRTHPLACE (State or fo	oreign country) 1	2. CITIZEN OF WHAT COUNTRY?
	OUSEW1fe . FATHER'S N	JAME	at hor	n o	Maryland 14. MOTHER'S MAIDEN NA	AME	
1	ohn W. M						
11-		D EVER IN U. S. ARMEI	FORCES	I 16. SOCIAL	Arabelle F. Sm		
(Yee	, no or nnknown)	(If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT		DRESS
-					Mr. George W.	Sparks - 2721	
	18. 44	3 × 1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION				24.4	Several
		not mean the mode of	f dying, e. g	(A) Chro	in myseur	detes	gears:
		re, asthenia, etc. It mea complication which					
		ANTECEDENT CAUS	FS				Several
2	Z (B) Chronic Hypertension						years.
0	DISEASES	OR CONDITIONS, I	F ANY, GIVIN	IG .			
AT	UNDERLY	ING CONDITION LA	ST.				
2				(C)			****
브		П					Several
E E		IGNIFICANT CONDI		D (ged Arteris oc	1	years.
Ü	TO THE D	ISEASE OR CONDITION	CAUSING 1			cerario.	
ابا	19A. DATE C	F OPERATION O	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
CA	214 40015	ENT WAS UNDER	l ain Di	CE OF INTURY / !	n or 21C. WHERE DID (If in Baltimore City, giv	YES NO
IEDI		R CONTRIBUTING [ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		ir in Baltimore City, give	ve exact location)
IEDICAL	SID. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK		Y OCCUR?	
	22. I hereh	u gentifu that I at			195/, to 2	nearl 6. 195/	that I last sam the
	deceased a	line on March	1951	and that death neem	rred at 1.30 4 m., from t	he causes and on the	date stated above
	23A. SIGNA		, 10-5-,		38. ADDRESS		
	. 2	nk n.	3.de	n. M.D. 3	2701 n. Calv	ent St.	mas. 6, 51
24	A. BURIAL.	CREMA- 248 DATE		24c. NAME OF CEMETE		OCATION (City, town, o	
TIC	N. REMOVAL (S Burial	3/9/51		Baltimore, Co	em no Bil	tQ. 31.	
D.	ATE RECEIVE		S SIGNATI		25. FUNERAL DIRECTOR		ADDRESS / /
	CAL REGIST		to NA	Laure HA	6/1/200	I LOND - HOLD	110 - KATTO
4	MR / - 1		142.114		01/1/1. F. VM	V XV	And
	VS 150	34.5		1.000			93 D 1111a.
1.7							



51 219 BIRTH NO.	37	BAL		EALTH DEPARTMEN	Registered	5.1 21.97
1. NAME OF D (Type or Print)	ECEASED A +	berin	e bo Boul	NEY	2. DATE OF DEATH	-6-51
3. PLACE OF DI				4. USUAL RESIDENCE	(Where deceased lived.	If institution: residence before admission
B. FULL NAME HOSPITAL OR	OF (If not in hospit	al or institut	ion, give street address o location	r Md.	Balte	nits, write RURAL and give
			Yrs.	D. STREET ADDRESS	(If rural, give location)	
Length of st	tay in Baltimore		Mos. Days	Old Court 3d.		5200
5. SEX	6. COLOR OR RACE	Single	E, MARRIED. /ED.DIVORCED (Specify	Nov. 27, 1858	92	H Under 1 Year II Under 24 Hours Months Days Hours Min.
work done during most o	CUPATION (Give kied of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY
	employed			New York		
13. FATHER'S N				14. MOTHER'S MAIDEN		
	1 Dourney DEVER IN U. S. ARME	n FORGEGA	1 10 000111	Rebecca W. Dou	ırney	
(Yee, no or unkoowo)	(If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	Mr. Wm. E. Cur	olar Dondo	address llstown, Md.
Z DISEASES RISE TO THE UNDERLY UNDERLY OTHER S TRIBUTING	ANTECEDENT CAUS OR CONDITIONS, IN THE ABOVE CAUSE (A) ING CONDITION LA IS IGNIFICANT CONDITION TO THE DEATH, BUT IS SEASE OR CONDITION	F ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATE	(C)	tensore Condin	Vosculor dis	,,,,
			FINDINGS OF OPE	RATION		20. AUTOPSY?
	ENT WAS UNDER. R CONTRIBUTING DEATH		ACE OF INJURY (e. g., arm,factory,street,office bldg		(If in Baltimore City	yes No
21b. TIME (OF INJURY	Month) (Day) (Year	m.	21E. INJURY OCCURI			
	y certify that I at	tended the	deceased from 1	- 3 2 195/, to urred at 11 0 m., from 23B. ADDRESS	3 - 6 , 19	51, that I last saw th
	live on 3 - C	, 1951.	and that death occi	erred at 11 pm., from	n the causes and on	the date stated above
23A. SIGNAT	TURE	1.86		23B. ADDRESS		23c. DATE SIGNED
24A. BURIAL (STION, REMOVAL (SBURIA) DATE RECEIVE LOCAL REGIST	D BY REGISTRAR		Loudon Park	ERY OR CREMATORY 240	Barto Md.	
VS 150	10.12	1000	SERVICE DE LA CONTRACTION DE L	V		10 × M.

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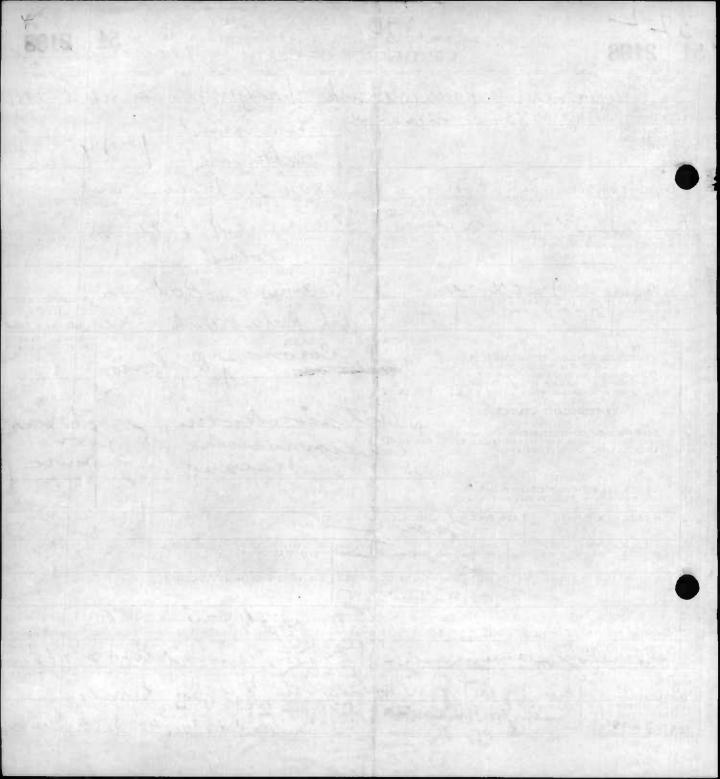
Registered No. 2198 CERTIFICATE OF DEATH 1. NAME OF DECEASED PATE (Type or Print) Rodal 31 DEATH March 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 804 A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or maryland B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limit, write BURAL and give INSTITUTION township them are Yrs. D. STREET ADDRESS (If rural, give location) Mos. 60 Tray c. Length of stay in Baltimore and Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year U Under 24 Hours last birthday) Months; Days Hours! Min. WIDOWED, DIVORCED (Specify av idan 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekindof) 108 KIND OF BUSINESS OR 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME nJann 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nuknown) (If yes, give war or dates of service) 16. SOCIAL DDRESS 3301 (Yes, no or nnknown) SECURITY NO. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR_FINDINGS OF OPERATION 20. AUTOPSY? YES NO 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home farm, factor, alreat of the bids. ster) INJURY OCCUR? 21A. ACCIDENT, SUICIDE. (If in Baltimore City, give exact location) (Specify) HOMICIDE 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WIDLE AT NOT WHILE deceased alive on 1 -18, 1951, and that death occurred at 530pm. from the cause 195 , that I last saw the Pm., from the causes and on the date stated above. 540 n. chances 24A. BURIAL, CREMA 24B DATE 24c. NAME OF CEMETERY OR CREMATORY | 24p. LOCATION (City, town, or county) toly Rosem (lin Burial (aunty DATE RECEIVED BY PE FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS

VS 150

LOCAL REGISTRAR

Physicians:

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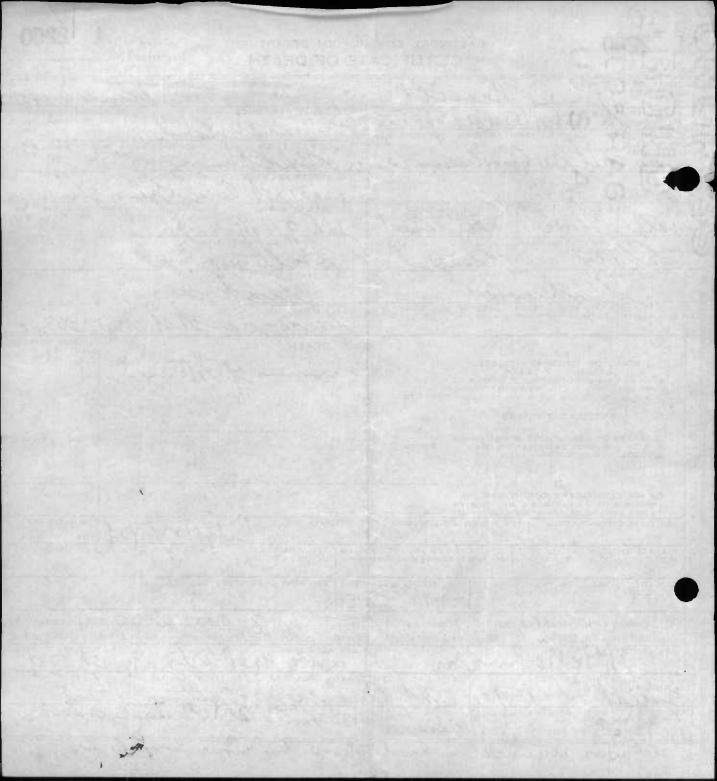
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BALTIMORE CITY HEALTH DEPARTMENT

51. 2200

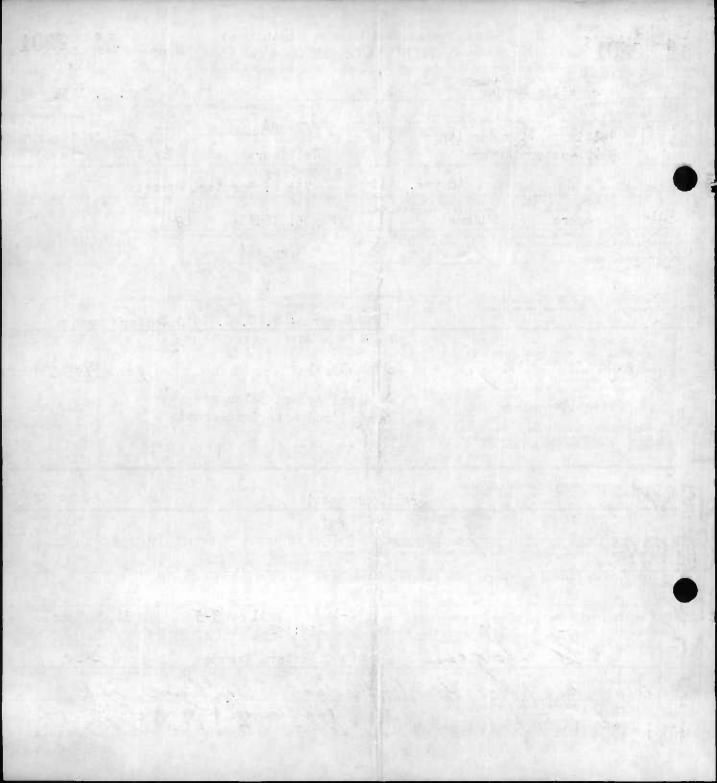
В	IRTH NO.	CERTIFICATI	E OF DEATH	Registered No	
	NAME OF DECEASED (ype or Print)	with		2. DATE Track	6.1951
	Baltimore City, May and W. Co	ld Shring L	4. USUAL RESIDENCE (WH	nere deceased lived. If institut	tion: residence before admission)
H	OSPITAL OR	oution, give street address or	c. CITY OR TOWN / Mf o	and outside corporate limits, write	RURAL and give
1	Ba-Sil-Ba Convel	escence Ame	13. PH.	ne 27-	(Jownship)
	Langth of stay in Politimans	Yrs. Mos.	1 1	ural, give location),	1
	Length of stay in Baltimore SEX 6. COLOR OR RACE 7. SING	Days LE. MARRIED.	8. DATE OF BIRTH	9. AGE (1) years Winder I Y	Year H Under 24 Hours
/	male Colored 3	LE. MARRIED. WED, DWORCED (Specify)	July 9,1879	last highday) wonths L	ays Hours Min.
worl	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	OF BUSINESS OR	11. BIRTHELACE State or for		HAT COUNTRY?
13	B. FATHER'S NAME	inerar	14. MOTHER'S MAIDEN NAI	ME, ME	
	Unknown		link	nour	
15 (Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17 NFORMANT Kundo-Ba-	Stil-Bu	Mone
	18. /5/X	CAUSE	OF DEATH		TERVAL BETWEEN
	DISEASE OR CONDITION DIRECTL	Y		fr. 0	2
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis		cruona of x	0/ouroch	
	injury or complication which caused de				
	ANTECEDENT CAUSES				
TION	DISEASES OR CONDITIONS, IF ANY, GI				
4	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE OUE TO			
FIC		(C)			
ERT	OTHER SIGNIFICANT CONDITIONS				
CE	TRIBUTING TO THE CEATH, BUT NOT REL. TO THE CISEASE OR CONCITION CAUSING				
AL	19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	Cit	- Harding Total	ZO. AUTOPSY?
EDICAL		LACE OF INJURY (e. g., in te, farm, factory, street, office bidg., e		in Baltimore City, give ex-	act location)
	Plo. TIME (Month) (Day) (Year) (Hour) of INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE		OCCUR?	
	22. I hereby certify that I attended th	7	-/ -)	ct. 6, 195/, that	t I last sam the
	deceased alive on the 6, 1951	and that death occur	red at 545 m. from the	e causes and on the dat	e stated above.
	23A. SIGNATURED		3B. ADDRESS		PATE SIGNED
	4A. BURIAL, CREMA- 4/8 DATE	M. D.	RY OR CREMATORY 24D. LO	CATION (City, telen, or cour	nty) (State)
TIC	ON REMOVAL (Specify) B- 8-1951	Int. Que	hurn Ba	Elimine The	in
	ATE RECEIVED BY REGISTRAR'S SIGNA	TURE	25 TUNERANDIRECTOR	June 10	Fine ,
	MAR 7 - 1951 remaining ton	Mians, MA			
71	VS 150 Was attended.	in Invalitor	tions by other	r phypician	2.11
I		9709	19		4610



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

ristered No. 1 2201

B	IRTH NO. CUL			CERTIFICATI	E OF DEATH	Registered	110,
1.	NAME OF DECEASE	ellie Re	eder			2. DATE OF DEATH Mar	5 1051
A.	PLACE OF DEATH: Baltimore City, Ma	aryland	4	ion viva etraet address or	4. USUAL RESIDENCE (NA. STATE Maryland		
11		more Cit Eastern		ion, give street address or Ltals location)		f outside corporate lim	its write RURAL and give township)
	Length of stay in E		1	18 yrs. Yrs. Mos. Days	D. STREET ADDRESS (If rural, give Meation) 755 W. Saratoga Street		
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specific Widowed)				63	Il Under Year If Under 24 Hours Indee 24 Hours Min.	
WOL	Technician Sental			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME				14. MOTHER'S MAIDEN N	AME	
(Ye	. WAS DECEASED EVER I	N U.S. ARMED	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Records: B. C. H.		address n Avenue
RTIFICATION	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Encephalopathy Cerebral Arteriosclerosis (B) Generalized Arteriosclerosis DUE TO (C)						Over one Year
CER	OTHER SIGNIFIC TRIBUTING TO THE TO THE DISEASE O	DEATH, BUT	NOT RELATE CAUSING I	Bronchopne		,	2 weeks
SAL	19a, DATE OF OPERA	ATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION		YES NO XX
MEDICAL	21A. ACCIDENT WA LYING OR CONTR CAUSE OF DEATH	S UNDER-		CE OF INJURY (e. g., in arm,factory,atreet,office bldg.,e		If in Baltimore City,	give exact location)
	PF INJURY	(Day) (Year)		VHILE AT NOT WHILE WORK NOT WHILE		Y OCCUR?	
	22. I hereby certify deccased alive on_			account from	2-16, 1951, to red at 10: 45Pm., from t		1, that I last saw the
	23A. SIGNATURE	18.0	loza		36. ADDRESS 1940 ^E astern Av en	ue	3-6-51
TI	Bully (Specify)	RAN, 9, REGISTRAR	1951	New Cath	RY OR CREMATORY 240. L CASA BANGER CONTROL OF THE	CATION (City, town	n, or county) (State) M ADDITIONAL OTHER
	Vs 150	No. 12 0	A " was the way	09485	1		107



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2202

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) A	2. DATE OF 3 / 5
(Type or Print) ANTHONY J. MASTROCOLAS. PLACE OF DEATH:	
A. Baltimore City, Maryland Rayner & Dukeland Av	B. COUNTY hefore admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RERAL and give
Institution Luteran Hospital	Baltimore 7 7 6 township)
Yrs.	D. STREET ADDRESS (If rural, give location)
Mos.	5703 Birchwood Ave
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years 11 Under) Year If Under 24 Hours
Male White Warried (Specify)	April 20 1907 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
rark dane during most af warking life, even if retired) INDUSTRY Hardware Salesman	Baltimore WHAT COUNTRY
Hardware Salesman 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Antonio Mastrocola	Emanuela Di Genova
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	
Yes, no or unknown) (II yes, give war nr dates nf service) SECURITY NO.	
137-10-3430	Anita Mastrocola Wife)5703 Birchwood A
1	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	extre leulemia, Subaente 6 months:
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	The statement surrente 6 sames.
injury or complication which caused death.) DUE TO C	Volume of line, splen,
ANTECEDENT CAUSES	Tolorens of line, splee, or, butings, hodes
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
UNDERLYING CONDITION LAST. (C)	
(C)	
	1 1 2 1
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	the well out
1 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	
	YES NO
21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., is about home, farm, factory, street, nflice bldg., t	
F	
21b. TIME (Month) (Day) (Year) (Hour) 21b. INJURY OCCURR OF INJURY	<u>에게 많아보다면 하다 하는 사람들이 없어요. 하는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은</u>
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last saw the
deceased alive on 3-6, 1951, and that death occur	rred at 12.35 Pm., from the causes and on the date stated above.
V A 1 V/ A 1/	236, ADDRESS 23c. DATE SIGNED 3-6-51
24A. BURIAL. CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE	
Burial March 9 1951 Holy Redeemer	Cemetery 430 Belair Rd.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	ADDRESS 322 S. High St.
MAR 1-19511 " mating ton Milliams us	Fraul Jella live 322 S. High St.
VS 150	
7706/	140

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		and a secondary
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BALTIMORE CITY HEA Registered No. CERTIFICATE OF DEATH 51-03/60 BIRTH NO. 1. NAME OF DECEASED, 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence '-A. Baltimore City, Maryland A. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN, (If outside corporate limits, write RURAL and give INSTITUTION township) YIS. D. STREET ADDRESS Alf rural, give location Mos. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE 9. AGE (In years | | Under | Year | | Under 24 Hours | Months; Days | Hours: Min. WIDOWED DIVORCED (Specify) NI 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S, NAME 14. MOTHER'S 15. WAS DECEASED EVER IN U, S. ARMED FORCES? Yes, oo or uokoowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yee, oo or uokoowo) SECURITY NO. 18 CAUSE OF DEATH INTERVAL BETWEEN DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTQPSYT 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 1951, to__ the, 195 , that I last saw the

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

LOCAL REGISTRAR

22. I hereby certify that I attended the deceased from ____ deceased alive on 1

3 : OAm., from the eauses and on the date stated above. 195 . and that death occurred at_ 23B. ADDRESS

48. DATE

24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county)

REGISTRAR'S SIGNATURE

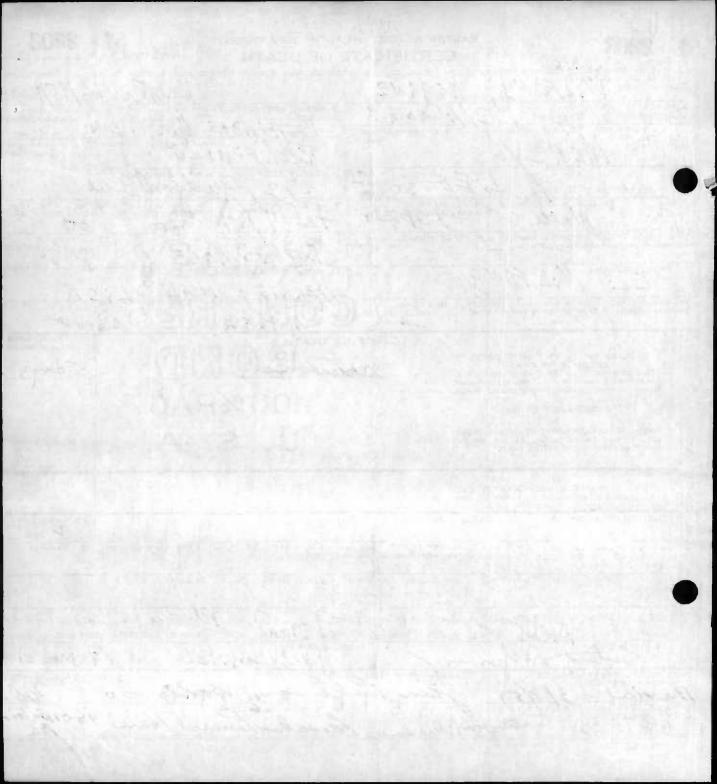
25. FUNERAL DINE

ADDRESS

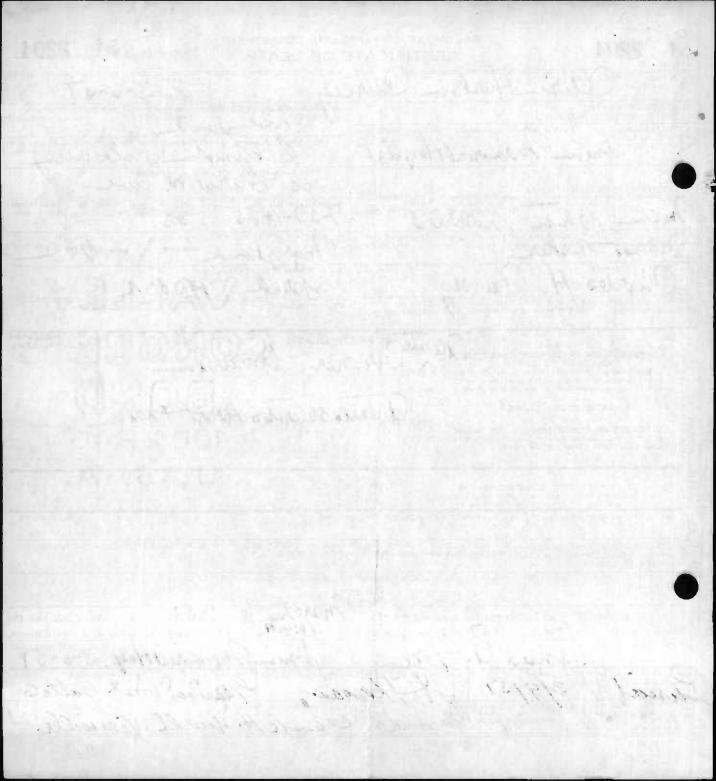
VS 150

uvia DATE RECEIVED BY

23c. DATE SIGNED MAR 51



11/	2.0					
1	54 2204 BALTIMORE CITY HEALTH DEPARTMENT V 51 2204					
	CERTIFICATE OF DEATH Registered No. 1 COURT NO. 1 COU					
	Type or Print) Color Harlan Cur	DOLY 2. DATE OF DEATH 3-6	77			
	B. PLACE OF DEATH: a. Baltimore City, Maryland	4 USUAL RESIDENCE (Where deceased lived. If in	stitution : residence before admission)			
1	B. FULL NAME OF (If not in benital or institution, give street address or location		Write RUBAL and give			
	NSTITUTION Memory althogical	Deljimon fil	sul township)			
	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location)	5200			
1	6. COLOR ON BACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify		ths Days Hours Min.			
1 We	USUAL OCCUPATION (Oyekind of los. KIND OF BUSINESS OR INDUSTRY		2. CITIZEN OF			
-	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	N			
	Charles H. Cursey	Sorah Mecock				
(1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (os, no or unknown) (If yes, give war or dates of service) (SECURITY NO.	17. INFORMANT AD	DRESS			
NOTEC	DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Many Drolugion	INTERVAL BETWEEN ONSET AND DEATH			
FRT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED					
0	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?			
FDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH		YES NO Ve exact location)			
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED FINJURY	21F. HOW DID INJURY OCCUR?				
	m. WHILE AT NOT WHILE AT WORK					
	22. I hereby certify that I attended the deceased from	manning (20, 1957, 19,	that I last saw the			
		rred at, from the causes and on the	date stated above.			
-	James 4. Fold M.O.	Munimore Story	3-6-57			
2	14A) BURIAL CREMA- 24B. DATE 24C. NAME OF CRASTE	Maris Tarisa Dust	Balto Co			
	OAL REGISTRAR REGISTRAR'S SIGNATURE	Thurse H. Newell , Pin	resvelle me			
	VS 150	Val.	927			
11	5053D		121			



51	10005	EALTH DEPARTMENT Registered No.	1 2205
	1. NAME OF DECEASED BESSIE	Henry 2. DATE MAR	CH 5
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COUNTY	titution: residence before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION VO WITHOUT LO dee		ryle RURAL and give
ibly.	Yrs.	D. STREET ADDRESS (If rural, give location)	(Close
Teg	E. Length of stay in Baltimore 200 YRS Mos. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.		or 1 Year It Under 24 Hours
y and	FEMALE WILLE WIDOW (Specify)		s Days Hours Min.
clearly	IOA. USUAL OCCUPATION (Give kind of tob. KIND OF BUSINESS OR Work done during most of working life, even if retired) REPRESENTATION (Give kind of tob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT COUNTRY?
death	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
of de	JAMUUEL METHURST 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL. (Yes, no or noknown) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT ADDI	RESS
causes ((Yes, no or nakhawa) (II yes, give war or dates of service) SECURITY NO.	HARRYSMETHURSTY	VASH. DC
		OF DEATH	ONSET AND DEATH
write the	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO WITH	chrisht hemiplesia	11days
11	ANTECEDENT CAUSES	extensive CARDIO	2
Physicians: please	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	As Quilte Disease	
cian	(c)		
hysi	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	1 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
important.	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, ferm, factory, street, office bldg.,		exact location)
	21b. TIME (Month) (Day) (Year) (Hour) 21b. INJURY OCCURR OF INJURY		
ally	m. WHILE AT NOT WHILE AT WORK AT WORK		
padsa	deceased alive on MARCH 5, 195/, and that death occur	A Y 5, 1950, to MARCH 5, 195/t cred at 4.50 Pm., from the causes and on the	
e is	23A. SIGNATURE M. D. Brilen M.D.	23B. ADDRESS W. Fayette IT 2	3/5/5/
correct age is especia	24A. BURIAL, CREMA- TION, REMOVAL (Specify) REMOVAL 3/0/5/ HOPEWE DATE RECEIVED BY REGISTRAR 9 SIGNATURE		COUNTY) (State) RY OH 10 DDRESS
cor	LOCAL REGISTRAR		CVIIIE

MAR 8 - 1951 MAR 8 - 1951

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93) MD.



rupercians: prease write the causes of death clearly and regibly.

BALTIMORE CITY HEALTH DEPARTMENT

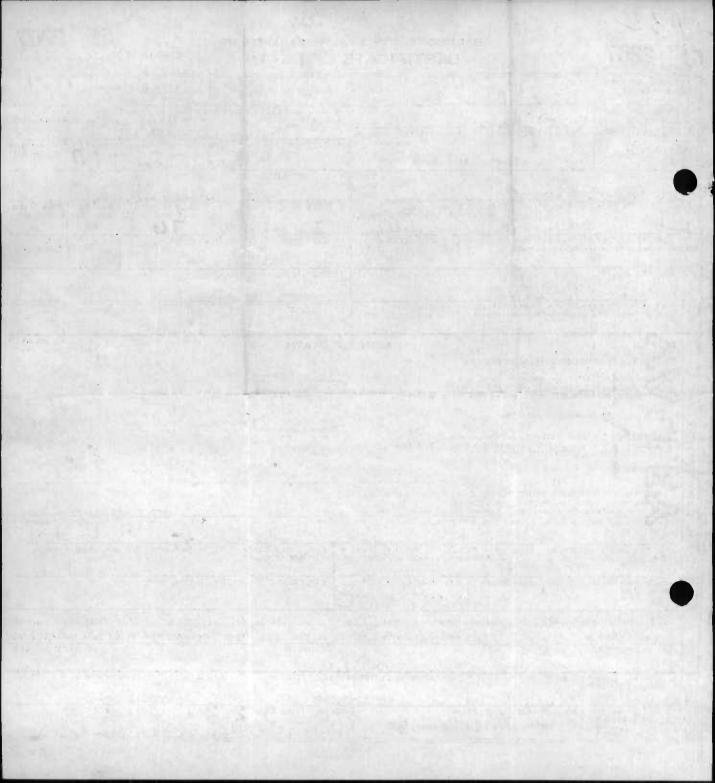
		-1-04321		CERTIFICAT	E OF DEATH	Registered	No.
	NAME OF D Type or Print)	ECEASED		7.0		2. DATE.	
3	PLACE OF D	EATH:		Infa	ant Kantros	DEATH FED	ruary 25,1951
A	Baltimore (City, Maryland			A. STATE	B. COUNTY	before admission
H	OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address o location	Maryland c. CITY OR TOWN	Anne Aru	ndel nits, write RURAL and giv
2	NOITUTITE	he Johns Hopk	ine Wo	ent to 1	Annapolis	(11 outside corporate im	township
A		ne comis floor	THE HO	¥₩s.	D. STREET ADDRESS	(If rural, give location)	1000
	Length of s	tay in Baltimore		O Mos.	Box 1183 Tru	xton Heights	5200
5	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED. VED, DIVORCED (Specify	1 8. DATE OF BIRTH	9. AGE (in years)	if Under 1 Year II Under 24 Hours Months Days Hours Min
_	Female	White	Si	ngle	2-25-51		1 34
wor	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	IOB. KIND	OF BUSINESS OR	II. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
-	Infa				Maryland		WHAT GOOKING
1.	3. FATHER'S N				14. MOTHER'S MAIDEN	NAME	
11		hn Kani			Nancy Markli		
(Y	m, no or unknown)	O EVER IN U. S. ARMED	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
_	No	() (-		1 Records	¢5
	18. 77	YX		CAUSE	OF DEATH		ONSET AND DEATH
		E OR CONDITION	. H	Pro	1		
	heart failu	not mean the mode o re, asthenia, etc. It mea	ns the diseas	e,	and morning	***************************************	
		complication which c		.) DUE TO	1		3
7		ANTECEDENT CAUS	ES	(8)			
Ö		OR CONDITIONS, IF		IG	······································	***************************************	
FICATION	UNDERLY	ING CONDITION LA	ST.	(C)			
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RTI		IGNIFICANT CONDI		Spina	bifida		
CE		TO THE DEATH, BUT		10000	gocele		
	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPE	RADON		20. AUTOPSY1
DICAL	01: 100:0		L ole Di	SE SE INIUSY /	l de wuses pie	//	YES NO
MEDI	LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., ferm,factory,atreet, office bldg.,		(If in Baltimore City,	give exact location)
	21D. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?	
			m.	WHILE AT NOT WHILE AT WORK			
	22. I hereby	y certify that I att	ended the	deceased from 2/2	25 , 19_57 to	2/25 , 19	51, that I last saw th
	deceased al	ive on 2/25	, 19.51.	and that death occu	rred at 11:35 m., from	n the causes and on	the date stated above
	23A. SIGNAT	TURE			23B. ADDRESS		23c. DATE SIGNED
2	4A. BURIAL. C		rue	M. D.	The Johns Hopk	ins Hospital	2/28/51 n, or county) (State)
TI	4A. BURIAL, CON, REMOVAL (S	pedify		Harf Der	Loral 240	. LOCATION (City, tow	n, or county) (State)
	ATE RECEIVED	PAR	ACTION OF THE		25. FUNERAL DIRECTO	7 0 3	ADDRESS
1	1AR 8 - 19	51 4	11116	autor, Aluck	60	1 4 4	
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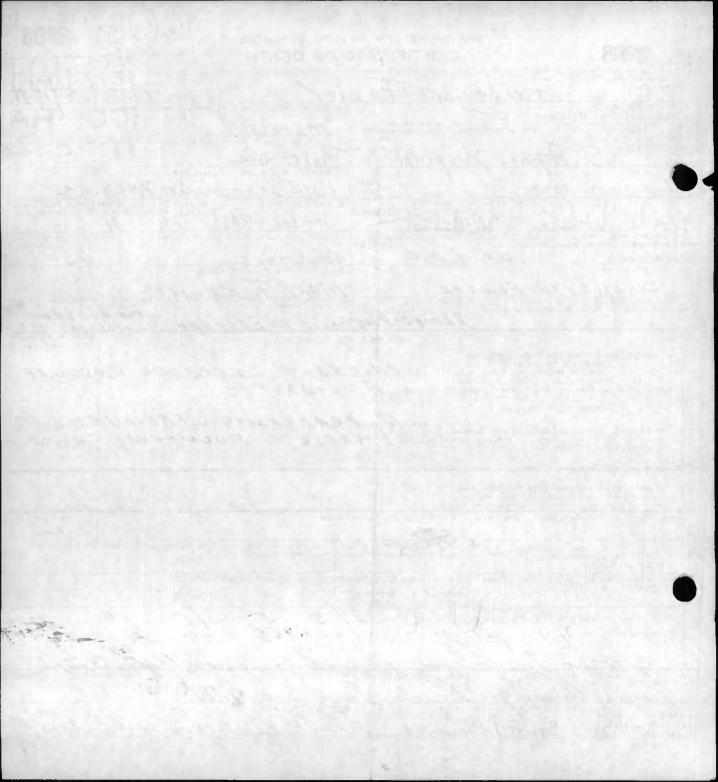
VS 150

BALTIMORE

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2, DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give treet address or B. FULL NAME OF HOSPITAL OR location) vutside corporate limits, write RURAL and rive INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1200 Vall Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | if Under | Year | if Under 24 flours | last birthday) | Months: Days | Hours | Min. 7. SINGLE MARRIED WIDOWED, DIVORCED (Specify Kathoyn 10A. USUAL OCCUPATION (Givekinder 10B. KIND OF BUSINESS OR INDUSTRY uly 1874 11. BIRTHPUACE State or foreign country) 12. CITIZEN OF work done during most of working life, even If retired) WHAT COUNTRY? - allemore in 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES
(Yes, no or unknown) (li yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. INTERVAL BETWEEN 472. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenla, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICA 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? CID. TIME (Month) (Day) (Year) (Hour) F INJURY WHILE AT NOT WHILE AT WORK WORK , 1951, to Mch-6-, 1951, that I last saw the 9 an 10 -22. I hereby certify that I attended the deceased from_ deceased alive on Mch 6- 1951, and that death occurred at 4 A m., from the causes and on the date stated above. 23A. SIGNATURE 23B, ADDRESS 23c. DATE SIGNED E-North ave nuch 1 M. D. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE Mary 9, 1951 Lurial NEUNERAL DIRECTOR DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25/ LOCAL REGISTRAR assisting for Moderant Miles



1	160				54 0000
-1	0000		EALTH DEPARTMENT	Registered I	51 2208
81	RTH NO.	CERTIFICAT	E OF DEATH	Registered 1	10
(T:	NAME OF DECEASED Treder	ick Fox	lex	OF DEATH Ma	rch 5/1951
A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If B. COUNTY	institution: residence before admission)
HC	FULL NAME OF (If not in hospital or institutions)	ion, give street address or location)		outside corporate limit	s, write RURAL and give
	St. Hgnes Ho	spital	Baltimore.		township)
	Length of stay in Baltimore	Yrs. Mos. Days	11 -1	ural, give location)	inue
5.		MARRIED.	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	onths Days Hours Min.
16 work	done during most of working life, even if retired)	OF BUSINESS OR	11. BIRTHPLACE (State of fo		12. CITIZEN OF WHAT COUNTRY?
	TEHMAN UN. 9	! Md.	New. YORK	AME	USA.
	George-W-Fowke	er.	Mary F. K.	eunb-	
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? I, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17 INFORMANT	4505	DORESS BOUN "
	18. 443 X		OF DEATH	KEN Hales	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	01			
	(This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease injury or complication which caused death	A)	ABLY CEN	EBPAL C	ASCOLAR
	ANTECEDENT CAUSES				
NO	DISEASES OR CONDITIONS, IF ANY, GIVIN	G (B)/o	EASE T PU	CAROLL	1 ASCOURT
FICATION	RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST.		EASE C PO	CHOWNA	- 0 CM/4 -
IFIC	11				
ERTI	OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE	D			
LC	19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER			20. AUTOPSY?
EDICA	LYING OR CONTRIBUTING about home, f	CE OF INJURY (e. g., i	n or 21c. WHERE DID (I otc.) INJURY OCCUR?	f in Baltimore City,	YES NO give exact location)
ME	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	of INJURY	WHILE AT NOT WHILE AT WORK			
1	22. I hereby certify that I attended the		3 , 196 1, to	3/5 , 198	I, that I last saw the
	deceased alive on 1957, 1957,	and that death occup	rred at У У б. m., from ti	hé causes and on t	he date stated above.
	(folia fl. H)	real M.D.	AV. ague	or theyla	3/0/51
TIO	N. REMOVAL (Specify)	24C. NAME OF CEMETE	RY OF CREMATORY 245. LC	OCATION (Only, town	or county) (State)
DA	ATE RECEIVED BY REGISTRAR'S SIGNATU	RE 9 5	25. HUNERAL DIRECTOR	ell cil	ADDRESS
M	AR 8-1951 Linetington Millis	MIL ME	12. Wedsout	rda 1300	Cutaw Rl
	Vs 150	3/2 G14	/	0	20 17

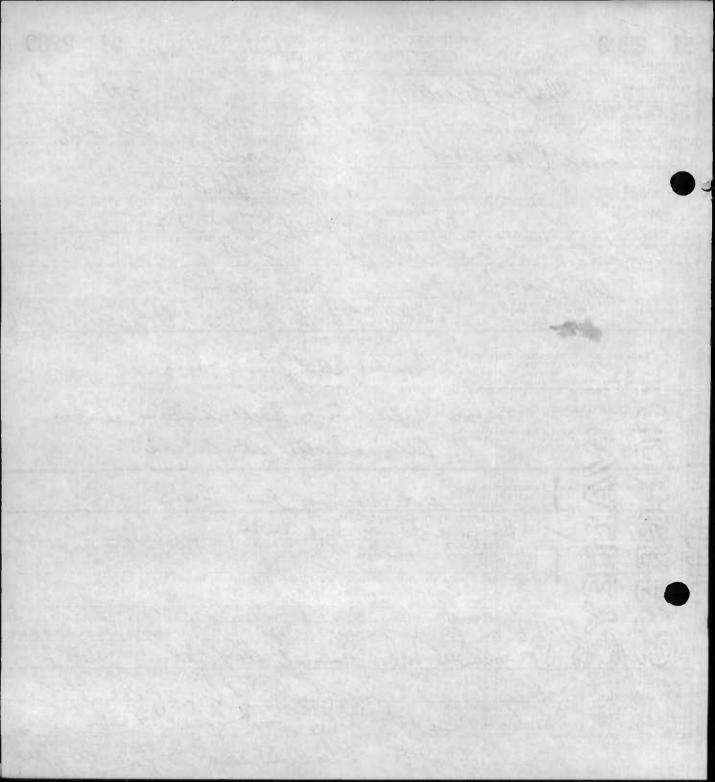


Ricketts BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

2209 Registered No.

BIRTH NO.	
1. NAME OF DECEASED Charles - Rechetts	2. DATE OF DEATH 3/7/57
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNT) before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	mi Cerrell
INSTITUTION Municipal Worked al	c. CITY OF TOWN (If outside corporate limits, write RURAL and give township)
amounty worker	D. STREET ADDRESS Uf rural, give location)
Length of stay in Baltimore 2/ Days	Muon Brid ge
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 2/9/8/19 9. AGE (In years) of Under I Year II Under 24 Hours Min. Months: Days Hours Min.
10A. USUAL OCCUPATION (Glyckind of 10B. KIND OF BUSINESS OR work done during most of working life, over iff circle)	M. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Carnes 1 K. Citied Shops	ma,
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
adam Krehetts	Jack Junes
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17, INFORMANT OF ALL AL DIADDRESS
	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	heart Jachne - one
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
1 1.2	
ANTECEDENT CAUSES	in - lacke Minary when Dion
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUCTO	
UNDERLYING CONDITION LAST.	lustic heart during
0	
E COMPLEMENT CONDITIONS	
OTHER SIGNIFICANT CONDITIONS CON-	nay Relendin
TO THE DISEASE OR CONDITION CAUSING IT. WHITE THE TOTAL OF OPERATION 196. MAJOR FINDINGS OF OPERATION 196. MAJOR FINI	ATAON 20. AUTOPSY?
1 4/1/01/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	ly herbrofily YES NO 1
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in	or Alc. WHERE DID (If in Baltimore City, give exact location)
□ LYING □ OR CONTRIBUTING □ about home, farm, factory, street, office bldg., e	tc.) MUJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	D 21F, HOW DID INJURY OCCUR?
F INJURY WHILE AT NOT WHILE	
m. work AT WORK	13/5/ 19 /to 3/2/5/ 19 that I last saw the
2/6/2	, , , , , , , , , , , , , , , , , , , ,
deceased alige on 1/7/1, 19 and that death occur	red at 6 : 36 m., from the causes and on the date stated above.
fresh of bronnexes here. o. I	invent Confeda 3/2/5
244 BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETEL	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
Que 3/10/5/ Dugous	re (ein Genountle Mid.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR 10 6 ADDRESS 1370
MAR 8 - 135 milians Williams Mar	by W. Harry let & Jones
VS 150	11 1 1 1 1 1 1 1
100 50	There are the state of the second



correct age is especially important. Physicians: please write the causes of death clearly and legably.

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 2210

B	RTH NO.			LICATION I	L OI BLAITI		
(7	NAME OF Dippe or Print)	4rede	rick 1	Wack		2. DATE OF DEATH	lar 6, 1951
	Baltimore C	City, Maryland			4. USUAL RESIDENCE		
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospi	tal or institution	n, give street address or location)		(If outside corporate b)	nits, (pite RUKAL and give township)
A	308	9 North	ern la	Meway	Jallo	01	to wilding)
<u></u>	Length of s	tay in Baltimore		Yrs. Mos. Days	3029 No.	If rural give location	rkway
	M.	6. COLOR OR RACE	WIDOWE	D, DIVORCED (Specify)	Oct 8, 1868	9. AGE (In years last birthday)	H Under 1 Year M Under 24 Hours Months Days Hours Min.
wor	done during most o	CUPATION (Give kind of working life, even if retired	Sef	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12 CITIZEN OF
	FATHER'S N		Hack		14. MOTHER'S MAIDEN	Ekas	
15 (Y9	WAS DECEASE	D EVER IN U. S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs Kathar	ine Zirkler	ADDRESS
	18. 33	31X,		CAUSE	OF DEATH	0	INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY				
							ge lædays
7		ANTECEDENT CAU	SES	A 2	nterionaleroai		3
CATION	RISE TO T	OR CONDITIONS, HE ABOVE CAUSE (A FING CONDITION L	STATING THE		rterioscleros	1.5	yr
LE		11		(C)			
CERTI	TRIBUTING	IGNIFICANT CONE TO THE DEATH, BUT ISEASE OR CONDITIO	NOT RELATED	***************************************			
_				INDINGS OF OPER	RATION		20. AUTOPSY?
EDICA	21A. ACCIDE HOMICIDE	INT, SUICIDE, (Specify)		E OF INJURY (e. g., i m,factory,atreet, office bldg.,		(If in Baltimore City	, give exact location)
ME	NOMICIDE	(byeeny)	about nome, rai	m, accory, an est, omce mag.,	eally madrif occorr		
Ì	OF INJURY	Month) (Day) (Year	WH	ILE AT NOT WHILE		RY OCCUR?	
	22. I hereb	y certify that I at	tended the d	eceased from Jai	n.5, , 1951, to 1	Warch 6 , 19	51that I last saw the
		ive on 3-6-	_, 19 <u>51</u> , an		rred at 1 P.m., from	n the causes and on	
	23A. SIGNAT	Ille	ef Ci	secondos. D.	1613 E.Nort	h Ave.	3-7-51
TI-	Surial, Con BEMOVAL (S	pecify)	1951	Batte	ERY OR CREMATORY 24D	LOCATION (City, tow	(State)
	ATE RECEIVED	D BY REGISTRAR	SSIGNATUR	E 9 5 1	S. FUNERAL DIRECTO	RALL	ADDRESS R
41	R8-195		The Millian	44. H. S.	Mildred V	weight 6	og Harford
	VS 150	4	-5-120				275

THE THE PERSON AND THE REAL PROPERTY AND THE PROPERTY AND THE PROPERTY AND THE PROPERTY AND THE PROPERTY AND T

21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour)

21F. HOW DID INJURY OCCUR?

F INJURY WHILE AT NOT WHILE! WORK

22. I hereby certify that I attended the deceased from the deceased alive on Hospital 5, 1954, and that death occurred at

23A. BIGNATURE 23B. ADDRESS

ZAA BURIAT, CREMA-

1951, to 19 an 5

A.m., from the causes and on the date stated above.

LOCATION (City, town, or county

Duria DATE RECEIVED BY REGISTRAR'S SIGNATURE DIRECTOR LOCAL REGISTRAR

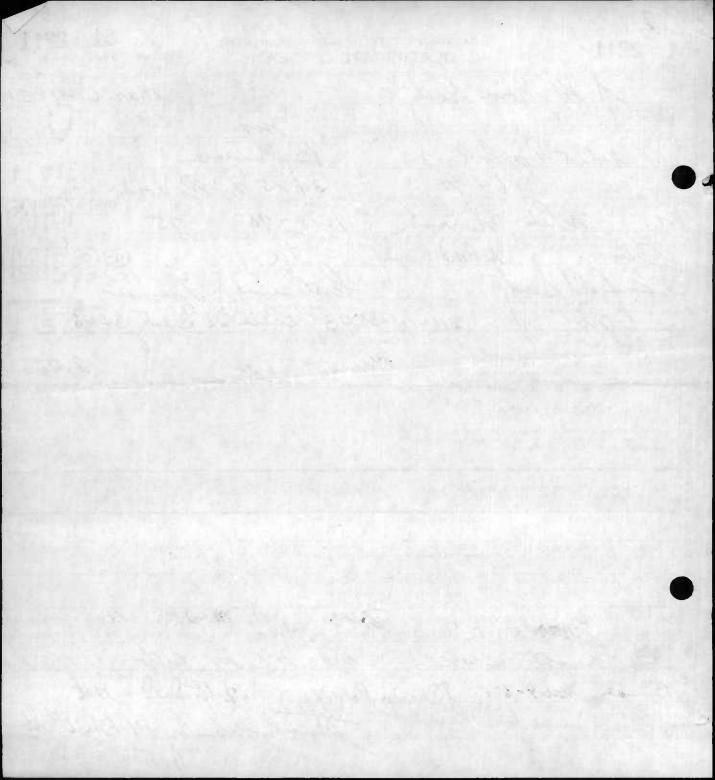
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ADDRESS

. 195 that I last saw the

23C. DATE SIGNED

VS 150



correct age is especially important. Physicians: please write the causes of death clearly and lefably.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.			CERTIFICATI	E OF DEATH	Registered	140.	
	1. NAME OF DECEASED C A						
	City, Maryland			4. USUAL RESIDENCE (
B. FULL NAME HOSPITAL OR INSTITUTION	of (If not in hospit	al or instituti	on, give street address or location)	c. CITY OR TOWN (1)	1 1	its, write RURAL and give township)	
c. Length of s	tay in Baltimore		Yrs. Mos. Days	b. STREET ADDRESS (I	f pural, give location)	Blud.	
5. SEX	6. COLOR OR RACE	7. SINGLE WIDOW	MARRIED. ED DIVORCED (Specify)	8. DATE OF BIRTH Aug. 2, 1886	AGE (In years last birthday) M	N Under 1 Year N Under 24 Hours In Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife at home				11. BIRTHPLACE (State or		12. CITIZEN OF	
	ch Hahnsmann			Mary E. Worn	NAME		
15. WAS DECEASE (Yee, no or unknown) NO	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO. NO	17. INFORMANT. Mrs. Wilnora I		ADDRESS Thitridge Ave.	
DISEASÉ OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (A) (B) (B) (C) (C) (C)						24 krs. 3 months	
U TO THE D	TO THE DEATH, BUT ISEASE OR CONDITION F OPERATION 0 1	CAUSING I		ATION		20. AUTOPSY?	
21A. ACCIDE HOMICIDE	NT. SUICIDE. (Specify)	21B. PLA about home, f	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21C. WHERE DID (tc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 2/027 1951, to 3/6, 1951, that I last saw the deceased alive on 3/6, 1951, and that death occurred at 2 pm., from the causes and on the date stated above. 23A. SIGNATURE							
24A. BURIAL, C TION, REMOVAL (S Burial	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D LOCATION COUNTY (State)						
DATE RECEIVED LOCAL REGISTI	RAR	ton M	liams, sea	25. FUNERAL DIRECTOR	Sner Y S	pro-Salto.	
VS 150	6			/		11/0 011/1	

51 2213 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE Jues, 1. NAME OF DECEASED (Type or Print) OF DEATH More 6, 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE hefore admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write HURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE SINGLE, MARRIED AGE (In years | H Under 1 Year | H Under 24 Hours last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) englo 108 KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of M. BIRTHPLACE (State or foreign county) 12. CITIZEN OF INDUSTRY rock doneduring most of working life, even if retired) WHAT COUNTRY? Retail Produce Pealer Produce Busines 13. FATHER'S NAME MAIDEN NAME V5. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yos, give war or dates of service) 16. SOCIAL ADDRESS (Yeg. no or unknown) SECURITY NO Nam INTERVAL BETWEEN CAUSE DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Maa (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK 19 5/ to march 195/ that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on March 195/, and that death occurred at 80000 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED Value 24A. BURIAL, CREMA- 24B. DATE Ku. 24c. NAME of CEMETERY OR CREMATORY | 24g. LOCATION (City, town, or country) march 9, 195 REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCALAREGISTRAR 91 Howard Evan

VS 150

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write

important.

especially

203

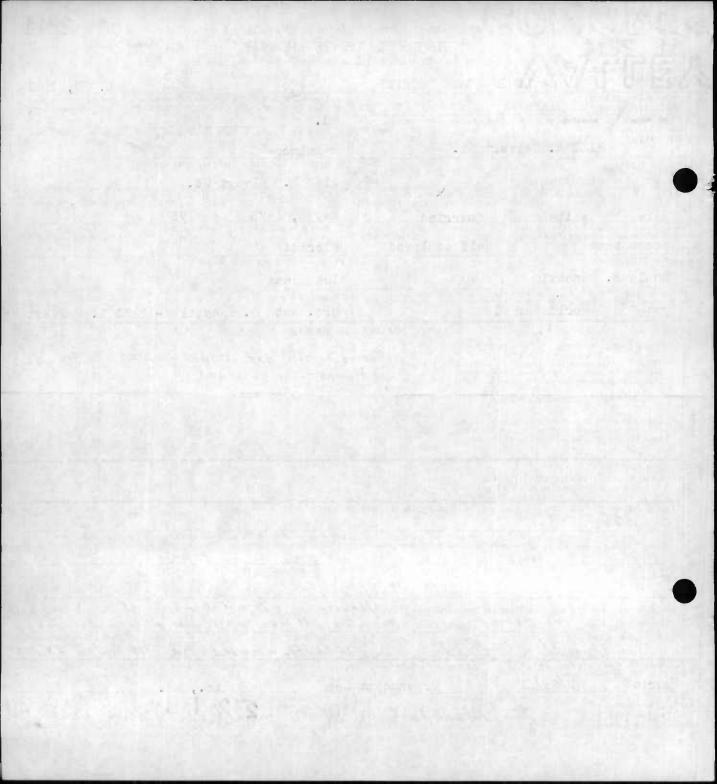
2906A 1400 S. Charlo At - Balto 30, mg

HIA LE ROLL TO STATE OF THE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	.).1.	Colon ! 4
Registered	No	

Direction 140							
1. NAME (Type or P	OF DECEASED	LOUIS AD	AMS PACETTI		2. DATE OF DEATH	Peb. 23, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. It institution: residence A. STATE B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)							
INSTITUT	ION	N (1-1		C. CITY OR TOWN (If outside corporate limits, write RUML and give township)			
0.0	3133	N. Calvert S		Baltimore	10		
			Yrs. Mos.	D. STREET ADDRES	S (If rural, give location)		
ength of stay in Baltimore Days				3133 N. Cal	mert St.		
6. COLOR OR RACE 7, SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)				8. DATE OF BIRTH	9. AGE (In years last birthday) M	If Under I Year If Under 24 Hours In.	
male white married			May 8, 1875	75			
10A. USUA	L OCCUPATION g most of working life, e	(Give kind of 108. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF	
Acc	ountant	Sel	f employed	Florida WHAT COUNTRY?			
13. FATHE	R'S NAME			14. MOTHER'S MAIDEN NAME			
Lou	is B. Pace	tti		Ida Adams			
15. WAS DE	CEASED EVER IN	U. S. ARMED FORCES?	I 16. SOCIAL				
(Yes, no or uo)	(If yes, giv	ld War #1	SECURITY NO.	Mrs. Ruth G. Pacetti - 3133 N. Calvert St			
Z DISI	LEADING s does not mean t failure, asthenia, ry or complicatio ANTECEDE EASES OR COND TO THE ABOVE CO DERLYING CONE ER SIGNIFICAN UTING TO THE DE	II IT CONDITIONS CO	S., (A) Arterio		Hypertensive sease	e 30 years	
19A. DA	ATE OF OPERAT	CONDITION CAUSING	R FINDINGS OF OPER	ATION		20. AUTOPSY?	
¥	None					YES NO	
LYING	CCIDENT WAS OR CONTRIB		ACE OF INJURY (e. g., ic ,farm,factory,street,office bldg.,e			give exact location)	
OF INJ	ME (Month) (D	ay) (Year) (Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID I	NJURY OCCUR?		
		m.	WHILE AT NOT WHILE				
deceas			e deceased from Jon and that death occur		to Feb 23, 195 rom the causes and on		
24A. BUR	IAL, CREMA- 24 VAL (Specify)	B. DATE			24D. LOCATION (City, town		
Buri		/26/51	Greenmount	Cem	Balto. Md.		
	EIVED BY RE	GISTRAR'S SIGNAT		25. FUNERAL DIRECT	ichner & In	is- Batto Md	
VS 1	50	()				0 - 0	



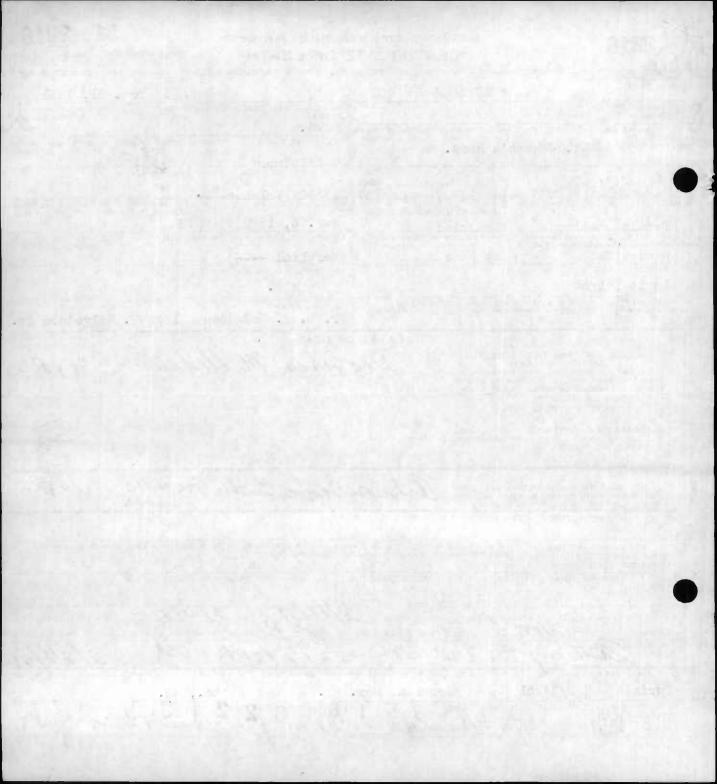
51. 2215

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2215 Registered No.

_ D	KIH NO.						
1. NAME OF DECEASED (Type or Print) WILLIAM A NDREW MARSHALL				RSHALL.	2. DATE OF DAY 1051		
	3. PLACE OF DEATH: A. Baltimore City, Maryland				DEATH Feb. 23, 1951 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission		
B. He	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR II C. Marine Userial location)				Maryland Crisfield James se f		
6	STITUTION				Crisfield		
	7			XXXX Mas.	D. STREET ADDRESS (If rural, give location)		
0	Length of s	stay in Baltimore 1	5	MAS. Days	9 E. Chesaneak		693
	SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED,	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours
10	Male	white	marri		1-11-77	74	Ionths Days Hours Min.
worl	10A. USUAL OCCUPATION (Give kied of work done during most of working life, even if retired) SCAMAN			O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12		12. CITIZEN OF WHAT COUNTRY!
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN NAME		
	John Mar				Mahalie Thomas		
15 (Ye	. WAS DECEAS , no or uokoowo)	(If yes, give war or dated	FORCES?	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT ADDRESS U.S. Marine Hospital records		
ERTIFICATION	DISEASE RISE TO T UNDERLY	are, asthenia, etc. It mean complication which complication which complete the complete that the compl	ES FANY, GIVIN STATING TH ST. TIONS CON	(B)			Unknown
U		OF OPERATION 1		FINDINGS OF OPER	ATION		
A		2	DE MADOR	THOMAS OF OFER	ATTON		20. AUTOPSY?
MEDICAL	CAUSE OF DEATH						
	21D. TIME F INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRE WHILE AT ONE OF WORK	ED 21F. HOW DID INJURY	Y OCCUR?	
		live on 2-23	ended the	deceased from 2-9	7-51 , 19 , to red at.8:00 Pm., from t	he causes and on	the date stated above. 23c. DATE SIGNED
TIS	A. BURIAL. N. REMOVAL (S Burial	CREMA- Specify) Feb. 26			J.S.Marine Hosp. 1 RY OR CREMATORY 24D. L Cris		n, or county) (State)
	ATE RECEIVE DCAL REGIST AR 8 - 10	D BY REGISTRAR		RE 1 9 T	25. FUNERAL DIRECTOR	4 4 4	ADDRESS
	VS 150	90		655 01		,	11/E

51. 2216		EALTH DEPARTMENT E OF DEATH	Registered	No.			
BIRTH NO.							
1. NAME OF DECEASED (Type or Print) AN	NA ESTELLE MCFADDEN		2. DATE OF DEATH Feb	. 21, 1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W					
B. FULL NAME OF (If not in hospital OR INSTITUTION St. Josep)	al or institution, give street address or location)	c. CITY OR TOWN (If o	outside corporate light	ts, while RERAL and give township			
ength of stay in Baltimore	Yrs. Mos. Days	Baltimore o. street Address (If r					
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH	9. AGE (In years)	if Under I Year If Under 24 Hours Min			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland	reign country)	12. CITIZEN OF WHAT COUNTRY			
Louis Leight		14. MOTHER'S MAIDEN NA Ruth E.	ME				
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	Mr. L. P. McFadde		Belvedere Av			
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complicat	ns the disease, aused death.) DUE TO ES (B)			CAYRS			
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	TIONS CON- NOT RELATED CAUSING IT.	cludie Cartis	Vascular	· loyes			
19A. DATE OF OPERATION 0 19 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	BB. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY7			
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, form, factory, street, office bidg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, form, factory, street, office bidg., etc.) CAUSE (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
OF INJURY	m. WHILE AT NOT WHILE AT WORK	2/18/50/	121/51				
22. I hereby certify that I att. deceased alive on 21/5/	, 19 and that death occur	rred at 2 m., from th	ne causes and on t	he date stated, above			
and leaving ?	- Care 7 59 M.O.	5217 ORA	Oto	2/24/5			
TION. REMOVAL (Specify) Burial 2/24/51	Moreland Mem.		CATION (City, town	, or county) /(State)			
DATE RECEIVED BY REGISTRAR'S	SIGNATURE 9 5	25 FUNERAL PIRESTON	lines VX	MO = Rall			
VS 150				ma.			



Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: A. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write WORAL and give INSTITUTION Yrs. D. STREET ADDRESS Mif rural, give location) Mos. ax monson Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) (i'm IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Student Md . 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 640MM Sr. Blizabeth Turner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT Pather ADDRESS (Yes, no or unknowo) (If yes, give war or dittes of service) SECURITY NO. C. Warren Blaney, 4102 Edmondson Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) the heart dise ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. FIC (C) .. RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CE TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT YES NO 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY WHILE AT NOT WHILE! WORK , 19.57 19 Sthat I last saw the 22. I hereby certify that Lattended the deceased from , and that death occurred at Iam, from the causes and on the date stated above. deceased alive on 195 23A. SIGNATURE 1a

Burial

24c. NAME OF CEMETERY OR CREMATORY

23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE

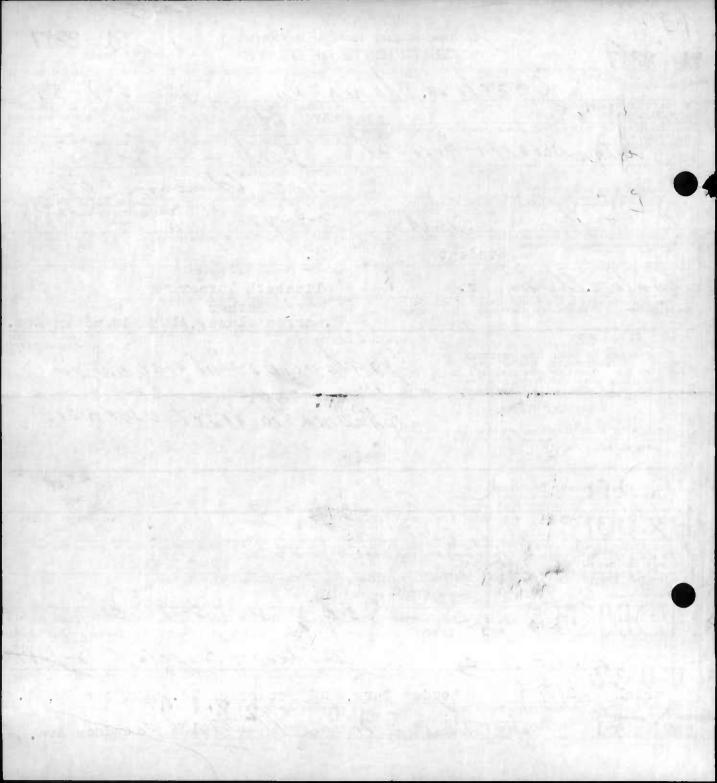
24D. LOCATION (City, town, or county)

Loudon 3801 Frederick Rd. Baltimore 29 Md. FUNERAL DIRECTOR ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

2/4101 Edmondson

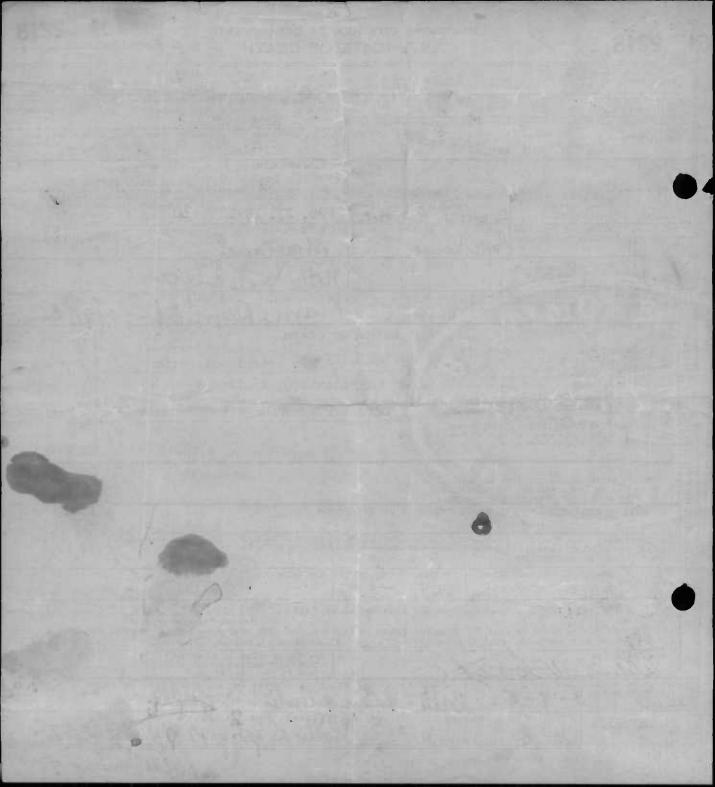
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 2218 Registered No.

	NAME OF I		ARRY	REYNOLDS			OF ME	arch 5, 19	951
	PLACE OF Baltimore	City, Maryland	6.		4. USUAL	RESIDENCE (W	here deceased live	d. If institution : 1	
В.	FULL NAME		ital or institution,	give street address or		Maryland		-	
	STITUTION	Provident	Hoenitel	location)	c. CITY OF		outside corporate	imis, write RUR	L and give township)
-	1 5 5 7	TIOVIGENO	HOSPI Car	Yrs.	D. STREET	Baltimore	rural, give location	7)	^
	Length of	stay in Baltimore		Mos. Days		7	nsylvania		+ 3
	SEX	6. COLOR OR RACE			8. DATE OF		9. AGE (In year:		If Under 24 Hours
	Male	Colored	Frances	Keynolds		23, 1891	60	Jacob Land Land Land Land Land Land Land Land	
		CCUPATION (Give kind of working life, even if retired		BUSINESS OR INDUSTRY	Ma	LACE (State or fo	reign country)	12. CITIZE WHAT	N OF COUNTRY?
13	FATHER'S	NAME		Const	14. MOTHE	FIS MAIDEN NA	ME MS/O-		The same
Ye (Ye	. WAS DECEAS	ED EVER IN U.S. ARME (If yes, give war or date	D FORCES? 16	SOCIAL SECURITY NO.	P. INFOR	MANT MAN	101	ADDRESS	0
	18. 4	12.4	шм	KNOWN -	11000	Ce key	Morelo-	INTERVA	Resoure !
		3 X I	DIRECTIV	CAUSE	OF DEATH	-1		ONSET	
	(This doe	LEADING TO DEA	ATH of dying, e.g.,	(A) Hyper	tensive	arteriosc	lerotic		
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) XXXXX cardiovascular disease								
	ANTECEDENT CAUSES Cerebral hemorrhage								
Z	DISEASES OR CONDITIONS, IF ANY, GIVING								
MOIL		THE ABOVE CAUSE (A)		OUE TO					
ICA				(C)	***************************************	••••••••••••••			
ERTIFI		SIGNIFICANT COND G TO THE DEATH, BUT						AMERICA	
CER	TO THE E	DISEASE OR CONDITION	N CAUSING IT.		••••				
	19A. DATE	OF OPERATION 1	19B. MAJOR FIN	IDINGS OF OPERA	ATION			20 AL	TOPSY?
EDICAL		NAL CAUSE WAS		OF INJURY (e.g., in			the bitimore Cit	ty, give exact loc	3
EDI		OR CONTRIB- CAUSE OF DEATH		actory, street, office bldg., et	C.) INJURY	OCCUR?			
Σ	210. TIME OF INJURY	(Month) (Day) (Year		INJURY OCCURRE	D 21F. HC	W DID INJURY	OCCUR?		
			m. WHILE	K AT WORK					
		ify that I took ehar				Autopsy, I	nspection or Inqui	irv	and from
	andsde	idence obtained by eath in my opinion	said Autopsy resulted from	, Inspection or In: natural causes	quiry, fine 🔼, aecide	d that said de	eeased died on	the day stat	ed above,
	23A. SIGNA	lia_ Udo	vill	М.	ASSIST.	HEF MEDICAL EANT MEDICAL EL INVESTIGATO	XAMINER	March 5,	1951
30	A. BURIAL. ON, REMOVAL (S	CREMA- 24B. DATE Specify) 3 - 9 -	51 Ba	16 - Yaliw	YOUCREM	TORY 24D. LC	Sala.	wn, or county)	(State)
R	TE RECEIVE	D BY REGISTRAR	S SIGNATURE	M. 9 5	Valle I	B. SOUND	+adoll.	ADDRESS	1
V	S 151	0	<	70 V 20	1	957	139,446	Condlers	545
			Say Say			1 4/	1 -10		

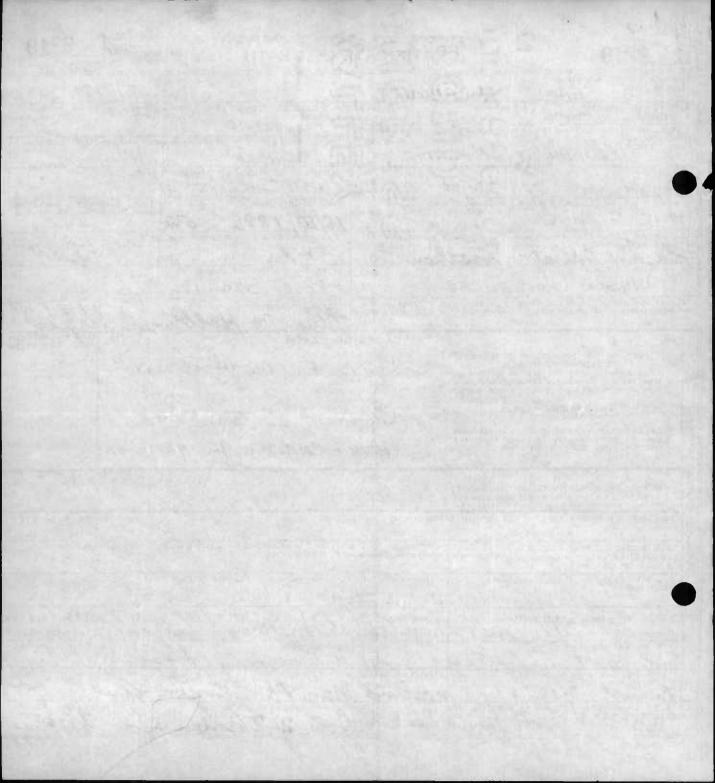


51 2210

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2219

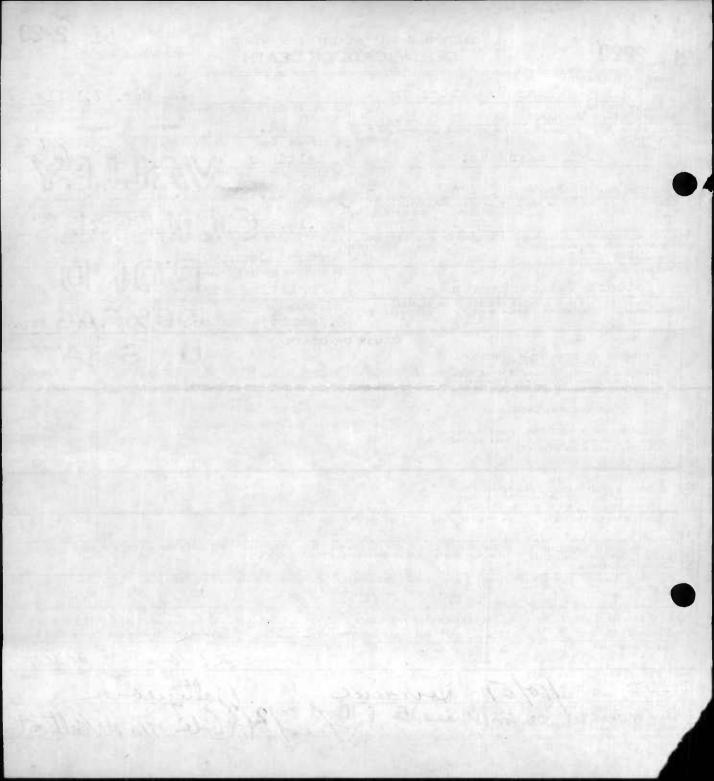
BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print) FARL HOLBRUNER	2. DATE OF DEATH 3/7/5/
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)	
INSTITUTION UNIVERSITY HOSPITAL	PARTIMORE township)
ength of stay in Baltimore 3040 Mos.	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SIN LE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours
MALE WHITE WIDOWED, DIVORCED (Specify MARRIED	10/10/1898 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of BUSINESS OR BOUTINESS OR INDUSTRY	11. BI HPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Machine Uperator Porcellan 60.	14. MOTHER'S MAIDEN NAME
WILSON HOLBRUNER (M)	ROSE STOUT
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO.	Tillian M. Holbruner Sargeant
18. 58/ / CAUSE	OF DEATH INTERVAL BETWEEN OF SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	R FAILURE (HEARTIC COMP)
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	C TAILARE VIGATIC SOME
ANTECEDENT CALLER	
DISEASES OR CONDITIONS, IF ANY, GIVING	PHOSIS OF THE LIVER
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	E - CHRONIC ALCOHOLISM
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., CAUSE OF DEATH	in or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED PER INJURY	
m. WHILE AT NOT WHILE MY WORK AT WORK	
22. I hereby certify that I attended the deceased from 3, deceased alive on 3/7 1951, and that death occu	rred at 2.45 m., from the causes and on the date stated above.
	238. ADDRESS 23c. DATE SIGNED
24A. PURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 240 LOCATION (City, town, or county) (State)
Burial 3/10/51 moreland	Mem. PK. Raylor ave mo
DATE RECEIVED BY REGISTRAR'S SIGNATURE	John J. Gorban + Son Holling
VS 150 690 36	124a St.



BALTIMORE CITY HEALTH DEPARTMENT

51 2220

5	ATH NO. 22	20		CERTIFICATI	E OF DEATH	Registered No	
1. (T	NAME OF D ype or Print)		V. Ba	rtscher		of DEATH Mar.	7.1951
	PLACE OF D Baltimore (City, Maryland			4. USUAL RESIDENCE (
	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)	IId.		1
	STITUTION	0003 0		location)		f outside corporate limits	write RURAL and give
0	0	2921 Baker	Ave.		Baltimore	69	- () (Callette)
				Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
	Length of s	tay in Baltimore	50 Yr	S Days	2921 Baker	Ave. ST.	
5.	SEX F	6. COLOR OR RACE		E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Un	der I Year If Under 24 Hours hs Days Hours Min.
10	gla .	CUPATION (C: N . A			Mar.18,1887	L 65 TT	179
worl	done during most	CCUPATION (Give kind of of working life, even if retired)	IOB. KINL	INDUSTRY	11. BIRTHPLACE (State or f Howard County		2. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S	NAME /			14. MOTHER'S MAIDEN N		
Seibert Vollmerhausen				n	Christine Su		
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	ADI	RESS
120	, 40 01 04440#4/	(** Jost Brag war of Green	or service)	SECURITY NO.	J. Maurice Bart	tscher 2921	Baker Ive.
	18. 3.5	SIX		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
RTIFICATION	OISEASE	SE OR CONDITION LEADING TO DEAT a not mean the mode of ure, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, III HE ABOVE CAUSE (A) YING CONDITION LA	TH f dying, e.g ns the discas aused death ES F ANY, GIVIN STATING TH	e, DUE TO (B) Auto	ubral Hen	enlege	36 less.
CER	TRIBUTING	GIGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D			
	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
A							YES NO
MEDICAL	LYING OF	DENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)	(Hour)	ACE OF INJURY (e. g., in ferm, factory, atreet, office bldg., e	(c.) INJURY OCCUR?	If in Baltimore City, giv	e exact location)
			m.	WHILE AT NOT WHILE			
				deceased from 2		3/7 , 1951,	that I last saw the
			. 19-7.	and that death occur	red at 1:55 m., from t	the causes and on the	date stated above.
	23A. SIGNA	Demore	Lang.	alsi M.D.	4508 Edmadan	Village	2/8/5/
24 Th	N. REMOVAL	CREMA- 24B. DATE	51	No vrain		OCATION (City, town, or	county) (State)
	MAR 8			REMIE, ME	Tred X	Jole 1913 W	Inlo St
	VS 150						×20
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

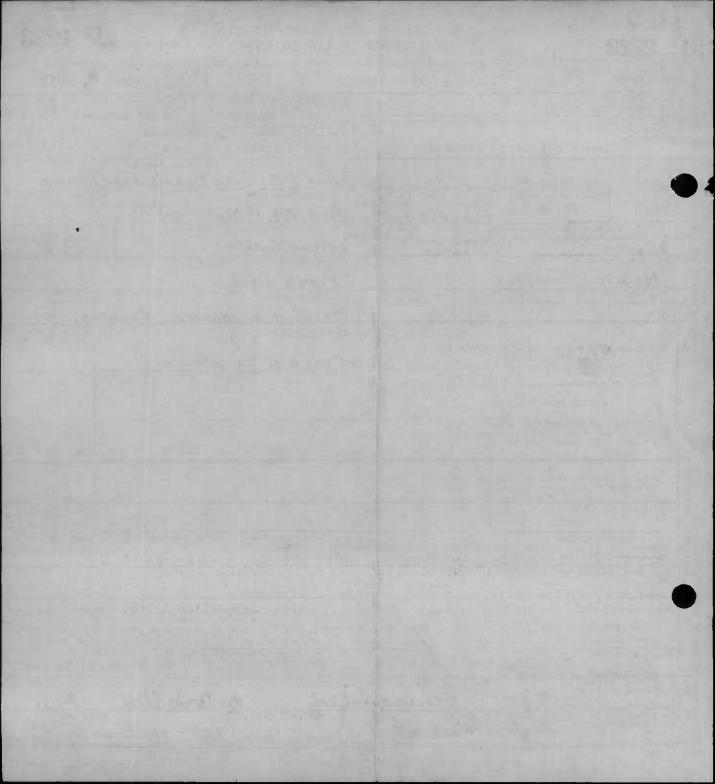
2221 Registered No.

BIRTH NO.							
(Type or Pri		MEL	WIL	LIAM	2. DAT	MARRO	k 7,195)
A. Baltimo	F DEATH: re City, Maryland $ u$			4. USUAL RESIDE		sed lived. If inst	titution : residence before admission
B. FULL NA	ME OF (If not in hospit	Alex - H	location		land		vrite RURAL and giv
			Yrs. Mos.	D. STREET ADDRES	SS (If rural, give	location)	
	of stay in Baltimore		Days	105 W.	Ostend	.+2	
5. SEX	6. COLOR OR RACE	WIDOWED, D	OIVORCED (Specify	7125//	880 last b	irthday) Month	der I Year ns Days Hours Min.
Work dooe during	OCCUPATION (Give kind of most of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	ate or foreign coun	try) 12	CITIZEN OF WHAT COUNTRY
13. FATHER	S NAME POLICE			14. MOTHER'S MAI	DEN NAME		
Phili	D KIMMEL			UN	KNOWN		
15. WAS DEC (Yes, no or unko	(If yes, give wer or date		SOCIAL SECURITY NO.	MRS. MARY V	V. KIMMEI		RESS
Neart injury DISEA RISE T UNDE	LEADING TO DEAT does not mean the mode of failure, asthenia, etc. It mea or complication which c ANTECEDENT CAUS ASES OR CONDITIONS. II TO THE ABOVE CAUSE (A) RLYING CONDITION LA	f dying, e. g., ns the disease, aused death.) EES F ANY, GIVING STATING THE ST.	(A) UG DUE TO (B) Pu OUE TO (C)	en Conges Interior cla	hefaci		e one do
U TO TH	TING TO THE OEATH, BUT E DISEASE DR CONDITION	CAUSING IT.					
_	E OF OPERATION 1	9B. MAJOR FINI	DINGS OF OPE	RATION			YES NO
LYING	CIDENT WAS UNDER. OR CONTRIBUTING		FINJURY (e. g., ctory, street, office bldg.,		D (If in Baltin	nore City, give	e exact location)
2 ID. TIM	E (Month) (Day) (Year)	(Hour) 21E. I WHILE WORK			INJURY OCCUR		
22. I he	reby certify that Latt	ended the dece	ased from Al	rred at 9:35 cm.,	to Mosch	7, 1957, to and on the	hat I last saw th date stated above
23A. 51G	enture C. M	,		1213 4	1101		3-2-5-/
BURIA BURIA	L (Specify)	5/ 24cA	LOUDON.	Aven	FREDER	-	county) (State)
DATE RECE		S SIGNATURE	5 D	25. FONER DIRE	ENNYING.	,	GHT ST -30
VS 15	0	7	73 93				1110

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causes

151



BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE HENRY (Type or Print) EMILE KELM DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write HURAL and give C. CITY OR TOWN INSTITUTION Yrs. D STREET ADDRESS (If rural, give location) Mos. INSTON ength of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years if Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) MARRIED IOA. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY STCHE-R 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or naknown) (If yes, give war or dates of service) SECURITY NO. SAME 0 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICA 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK WORK . 1951, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on Jebis and that death occurred at A 1921 m.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 28c. DATE SIGNED BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 24B. DATE TION, REMOVAL (Specify)

DRIAL DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

6210 YORK RD

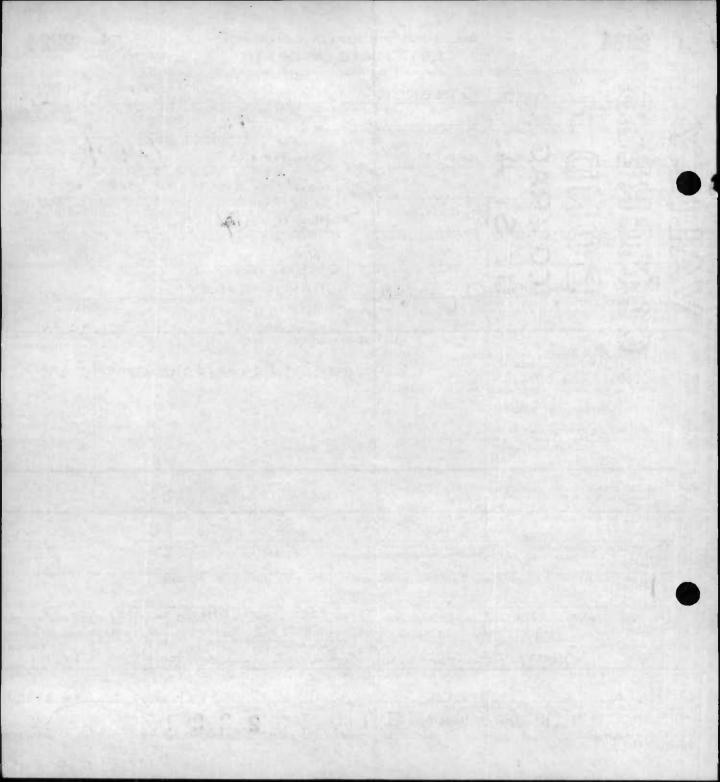
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

gistered No. 2224

48a

I. NAME OF DECEASED (Type or Print)
Type or Print) 3. PLACE OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence hospital or institution, give street address or hospital or institution; residence or Notitival or not provide address or hospital or institution; residence or not provide address or hospital or institution; residence or not provide address or hospital or institution; residence or not provide address or hospital or institution; residence or not provide address or hospital or institution; residence or not provide address or hospital or institution; residence or not provide address or hospital or institution; residence or not provide address or hospital or institution; residence or not provide address or not provide address or not provide address or not provide address or service) 15. WAS DECEASED EVER IN U. S. ARMED FORCES! (6. SOCIAL SECURITY NO. NO
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) M. M
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION MORYLAND GENERAL HOSPITAL Length of stay in Baltimore 3
MARYLAND GENERAL HOSPITAL Length of stay in Baltimore S. EX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (specify) N 10. USUAL OCCUPATION (Give kind of work done during most of working life, even (fretired) 13. FATHER'S NAME ROBERT GRESNER CRECENTE (Yes, no or ushbown) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or ushbown) 18. JEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSE OLIVERATION OL
Length of stay in Baltimore J. Yrs. Mos. Days J. STREET ADDRESS (If rural, give location) J. SO. H. N. Montford Ave J. S. SEX G. COLOR OR RACE J. SINGLE. MARRIED. WIDOWED, DIVORCED (speedly) M. MONTFORD J. S. DATE OF BIRTH May 16 1913 J. SAGE (In years)
Length of stay in Baltimore Days S. SEX G. COLOR OR RACE T. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) M 10A. USUAL OCCUPATION (Give kind of work doaedwring most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY WAD 16. 1913 13. FATHER'S NAME ROBERT GREATER CREICHTON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yee, po or unknown) DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.) DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSE IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
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19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
U TEST NO
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21C. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE AT WORK AT WORK
22. I hereby certify that I attended the deceased from Dec 25, 1950, to MARCH 6, 1951, that I last saw the
deceased alive on MARCH 6, 1951, and that death occurred at 9:50 Pm., from the causes and on the date stated above.
23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED
George Fromos maryland general Hospital 3/6/51
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL 3-10-1951 BALTIMORE CEM. NORTHAYE BUTIMORE MD
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS V
JOHN C MILER INC. SUSE E DLIVER ST



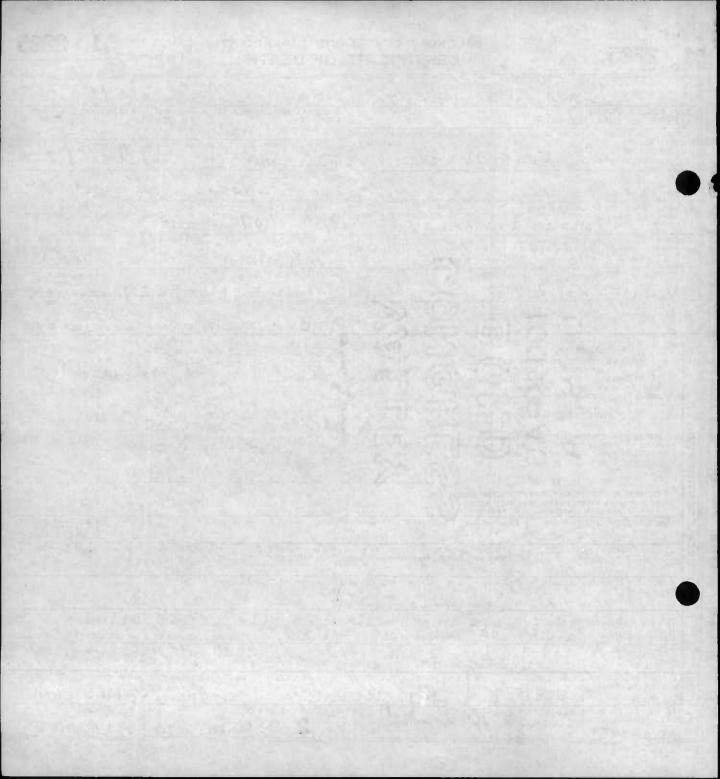
,4	52
BIRTH	2225

correct age is especially important. Physicians: please write the causes of death clearly and ieg. My.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2225

E	BIRTH NO.								
1 (Type or Print) LAURA	WALL	INGTON	2. DATE OF 3/5/	51				
	B. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If instit	tution : residence before admission)				
E	FULL NAME OF (If not in hos	ital or institu		MARYLAND	,				
I	HOSPITAL OR NSTITUTION	005	location)	C. CITY OR TOWN (If outside corporate limits, wr	towitUKAL and give township)				
	NSTITUTION 1051 HA	MFONU		BALTIMORE 10	1				
			Yrs. Mos.	D. STREET ADDRESS (If rural, give location)					
	Length of stay in Baltimore 5. SEX 6. COLOR OR RAC		Days	18. DATE OF BIRTH 19. AGE (in years) If Under					
-	FCOLORED	WIDOV	E. MARRIED, VED, DIVORCED (Specify) RRIED	8. DATE OF BIRTH 9. AGE (in years) if Under 7/17/1907 43 444	Days Hours Min.				
1	OA. USUAL OCCUPATION (Givekind	of IOR KIN	O OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF				
₩0	ork done during most of working life, even if retire	4)	JONE INDUSTRY	VIRGINIA	WHAT COUNTRY?				
1	3. FATHER'S NAME		0 0 14 1	14. MOTHER'S MAIDEN NAME	1051				
	WILLIE KNIGH	+T		JENNIE MOTTLEY, A	HAT AND AVE				
1	5. WAS DECEASED EVER IN U.S. ARM	ED FORCES?	16. SOCIAL						
(1	(es, no or unknown) (If yos, give war or de	ites of service)	SECURITY NO.	PERCY WALLINGTON HARF	ORD AVE				
-	18, ///2		CALISE		INTERVAL BETWEEN				
	DISEASE OR CONDITION	DIRECTIV		11.91	ONSET AND DEATH				
	LEADING TO DE	ATH	100.5	I have beaut failure	2 mon				
	heart failure, asthenia, etc. It m injury or complication which	eans the disea	se,						
			11.)	G . O 1					
Z	ANTECEDENT CA	USES	(B) Jely	herlymul Cardin					
RTIFICATION	DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE (IF ANY, GIVE	NG	111-000					
Ā	UNDERLYING CONDITION	LAST.	HE BOL TO	Useren Jise se					
FIC			(C)						
E	OTHER SIGNIFICANT CON	DITIONS CO							
i ii	TRIBUTING TO THE DEATH, BU	T NOT RELAT	FD						
	19A. DATE OF OPERATION		FINDINGS OF OPER	RATION	20. AUTOPSY?				
N A					YES NO				
EDICA	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)	21B. PL about home,	ACE OF INJURY (e. g., inform, factory, street, office bldg., e	n or 21C. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?	exact location)				
Z									
	21D. TIME (Month) (Day) (Year OF INJURY	r) (Hour)	21E. INJURY OCCURR						
		m.	WHILE AT NOT WHILE						
	22. I hereby certify that I a	ttended the	deccased from	ulb , 19 (to mach) , 19 (th	at I last saw the				
	deceased alive on March	- Start s	and that death begun	rred at 5 C. m., from the causes and on the de	ate stated above.				
	23A SIGNATURE	A	2		C. DATE SIGNED				
-	7-11-0	J. Ul	M. D.	122 1- (and) 3					
T	24A. BURIAL, CREMA- 24B. DATE TON, REMOVAL (Specify)		24c. NAME OF CEMETE	1.21 000 - 14.	_				
-	DOKINE 1 11	51	-MT. CAL		RYLAND				
	DATE RECEIVED BY REGISTRA	100	Cause, M. A.C.	25. FUNERAL DIRECTOR / AD	UNESS				
-	MAR 9 - 1951		, ,	KAYNERS APPERS 1412 EPRES	510N S1.				
	VELEO	The same of the same of			11				



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1 2226

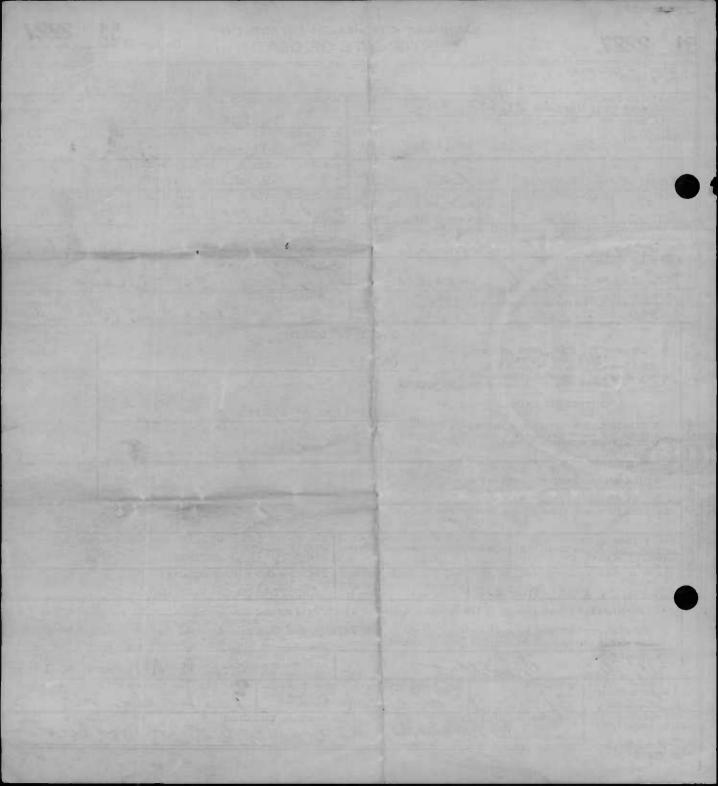
81	RTH NO.						
	NAME OF D ype or Print)		rles G.	Bachmann		DEATH	h 7, 1951
A.		City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If in B. COUNTY	stitution : residence before admission)
H	STITUTION	700 Cathedr		ion, give strect address or location)		f outside corbonate limits,	write RUAAL and give township)
()	0	700 Cathedr	ar pore		Baltimore	11-0	to whompy
a		2 1 D 10		Yrs. Mos.	1014 N. Charle		
5	Length of s	tay in Baltimore	7. SINGLE	Days Days	8. DATE OF BIRTH	9. AGE (In years) HU	nder 1 Year If Under 24 Hours
THE POWER DIVIDED IN THE					March 19, 1876		ths Days Hours Min.
10 work	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108, KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	foreign country)	2 CITIZEN OF WHAT COUNTRY?
£.	rchitect	- Illustrat	br S	elf	Philadelphia,	Pennsylvania	
13	. FATHER'S				14. MOTHER'S MAIDEN N	IAME	
		William G.		n	Anna	?	
15 (Yes	. WAS DECEAS , no or unknown)	ED EVER IN U. S. ARMEI	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS
no none					Mrs. Mae N. Bac	hmann, 1014 N.	Charles St.
	18. Ly	20.1.		CAUSE	OF DEATH		INTERVAL BETWEEN
RTIFICATION	(This doe heart failt injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA s not mean the mode ore, asthenia, etc. It mes complication which ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION L.	TH of dying, e. 1 ons the disease caused death SES F ANY, GIVII STATING TI AST.	(B) COM (B) COM (C) Assert	ille Coronary arterio-sci gestive Hea cites-	Throm bose livosis it Failur	
CE		G TO THE DEATH, BUT DISEASE OR CONDITION					
AL	19A. DATE	OF OPERATION 0	98. MAJOR	FINDINGS OF OPER	RATION		YES NO
MEDICAL	21A. ACCID HOMICIDE	ENT. SUICIDE, (Specify)		ACE OF INJURY (e. g., i arm, factory, street, office bldg.,		If in Baltimore City, gi	ve exact location)
2	21b. TIME OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK		Y OCCUR?	
	22. I hereb	y certify that I at	ended the	deceased from Alex	()au1 -, 1950, toll	rar 7 , 195/,	that I last saw the
	deceased a	live on 73515	, 1917.	and that death occur	rred at BUDE, m., from	the causes and on the	date stated above.
	23A. SIGNA	TURE Chan). We	Elin M.D. 2	23B. ADDRESS 22 2 W. Mon	umentse	3/8/5/
Z.	burial	CREMA- 24B. DATE/ Specify) 3/0/5			ery or CREMATORY 246. Ledral Cemetery	Baltimore,	
0.1	ATE RECEIVE CAL REGIST AR 8 - 1	RAR REGISTRAR	16/11.		Wm. Cook De	1217 St. Pa	address ul Street
	VS 150				1140V		920
1				6	1048Y		1~/

NOT & MEDICAL SCAMINER'S CASE

Rother M.D.

CHIEF OR ASST, MEDICAL EXAMINER

7-15	BALTIMORE CITY HE 222750-2/0/0 CERTIFICATE		Registered No.	. 2227				
	NAME OF DECEASED 'ype or Print) YVONNE GREY		2. DATE OF DEATH March	5, 1951				
Α.	PLACE OF DEATH: Baltimore City, Maryland Batto, lety	4. USUAL RESIDENCE (WE A. STATE Maryland						
H	FULL NAME OF Continuous notation of the following of the		outside corporate limits w	rite RURAL and give township				
Strony.	Length of stay in Baltimore Yrs. Mos. Days	o. STREET ADDRESS (If ro						
allu e	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (In years 1 8nds Months	r i Year ii Under 24 Hours B Days Hours Min.				
> 10	Female Colored A. USUAL OCCUPATION (Give kind of KIND OF BUSINESS OR INDUSTRY)	11 BIRTHPLACE (State or for	eign country) 12.	CITIZEN OF WHAT COUNTRY				
15 Tagen Cla	Mason I Wingate	4. MOTHER'S MAIDEN NA	ME L	ex.				
(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? a, no or unknown) (If yes, give war or dates of service) SECURITY NO.	MAFGRMANT (1)	ADDE OF	& R. Illan				
canses	DISEASE OR CONDITION DIRECTLY	OF DEATH		INTERVAL BETTEL				
wite one	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	media	•					
TION	ANTECEDENT CAUSES (B) ASPITATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	tion of vomitus						
CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISASE OR CONDITION CAUSING IT.							
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION		20. AUTOPSY?				
MEDICAL	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21b. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., et	or 21c. WHERE DID (If c.) INJURY OCCUR? 804 Rutland Av	in Baltimore City, give					
ME	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY March 5, 1951 3:00 A. m. WHILE AT WORK AT WORK							
	March 5, 1951 3:00 A. m. WHILE AT WORK AND AN ANTON AND ANTON							
	23A. SIGNATURE M. M.	238. CHIEF MEDICAL EX ASSISTANT MEDICAL EX D. MEDICAL INVESTIGATOR	KAMINER 23c. D KAMINER XX Mar	ch 5, 1951				
Tio	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER ATERICAL SPECIAL S	y or CREMATORY BO. LOS	offlyn	ounty) (State)				
LC	CAL REGISTRAR REGISTRAR'S SIGNATURE	Elloy O, W	clsor 1000	Birth				
11.0	N 933.0		195D	- During				



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BALTIMORE CITY HEALTH DEPARTMENT

51 2228

BI	RTH NO.		C	ERTIFICATI	OF DEATH	200,3500200	
	NAME OF D	m	asie	Harry	2	2. DATE OF DEATH	arch 5, 1951
Α.		City, Maryland			4. USUAL RESIDEN	NCE (Where deceased lived, B. COUNTY	If institution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION		al or institution	give street address or location)	c. CITY OR TOWN	(If outside corporate in	nits, writh RURAL and give township)
91		141881	reston	Yrs.	D. STREET ADDRES	S (If rural, give location)	
-	Length of st	tay in Baltimore	184 7. SINGLE	Mos. Days	14186	9. AGE (In years)	N Under 1 Year N Under 24 Hours
7	temale	Colocel		D. DIVORCED (Specify)	august 1	last birthday)	Months Days Hours Min.
	k done during most o	CUPATION (Give kind of of working life, even if retired)		F BUSINESS OR INDUSTRY	11. BYTHPLACE (Sta	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N				14. MOTHER'S MAIL	DEN NAME	
15	WS DECEASE	EVER IN U.S. AME (If yes, give was or date	D FORCES? 1	6. SOCIAL	17_INFORMANT	· ·	ADDRESS
(14			s or service)	SECURITY NO.	Bessie	Hitle 1418	E Preston St
	18. 200 DISEAS	E OR CONDITION	DIRECTLY	CAUSE	OF DEATH		ONSET AND DEATH
	(This does heart failu	LEADING TO DEA not mean the mode of re, asthenia, etc. It mea complication which of	TH of dying, e.g., ans the disease,	DUE TO	turne Care	. Visula disionel	1 740.
7		ANTECEDENT CAUS	BES	(B) & Thu	A America	ca Enterned hum	1 ms.
TIO	RISE TO TI	OR CONDITIONS, INC. OR CONDITIONS, INC. OR CONDITION LA	STATING THE	DUE TO	- P P	1	
FICA				(c) Miton	Bulue attightoho	Diet Eine Lung	unterman
CERTI	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED	Munday	Inter school	~	
AL	19a. DATE O	F OPERATION 1	98. MAJOR F	INDINGS OF OPER	ATION		20. AUTOPSY?
EDIC		ENT WAS UNDER. R CONTRIBUTING DEATH		E OF INJURY (e. g., in a factory, street, office bldg., e			, give exact location)
Ì	21b. TIME ((Month) (Day) (Year	WHI	E. INJURY OCCURR LE AT NOT WHILE ORK AT WORK	ED 21F. HOW DID	INJURY OCCUR?	
	22. I hereb	y certify that I at		4	127 , 1951,		4, that I last saw the
	dcceased al		L, 1951, an	d that death occur	red at 1 (m.,)	from the causes and on	the date stated above.
2	4A. BURIAL. O	REMA-1 248. DATE	alphy	C. NAME ON CEMETE		240 LOCATION (City, tow	yn, or county) (State)
	ON BEMOVAL (S		9/5/	C. MAINE OF CEMETE	NT ON CHEMATON	Littleton ?	n. Cewlini
DL	ATE RECEIVE OCAL REGIST	RAR REGISTRAR	SIGNATURE	95	25 FUNERAL DAP	LA PIM.	ADDRESS
1	VS 150	1) I wante	Ver / Indu	aus Ale	1/297	1 Caroline	St. 160
1					,,,,,,	· Cargane	4.19

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23	CERS	BALTIMORE CITY AT	EALIN DEPARIMENT	Pagistanal Na	de Child.
B	IRTH NO.	CERTIFICAT	E OF DEATH	Registered No	
1.	NAME OF DECEASED			2. DATE 9	
(.7	Type or Print) HARRI	ETT IDA	GARNER	DEATH MALE	66.1951
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (WI	nerc deceased lived. If in	stitution : readence before admission)
B.	FULL NAME OF (If not in hospital or in OSPITAL OR	stitution, give street address or location)		and	- 'A FITTELAY
11	NSTITUTION 1816 M. Culls	Well.	Baltin	outside corporate limits,	- 13 township)
	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If r	aral, give location)	1
5.	SEX 6. COLOR OR RACE 7. SII	NGLE MARRIED.	8. DATE OF BIRTH	9. AGE (In years II Un	der i Year li Under 24 Homs hs: Days Hours Min.
Ź	male Colored	Vidawell	march 22, 1872	73	
	DA. USUAL OCCUPATION (Givekind of k downforing most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY		eign country)	2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	*	14. MOTHER'S MAIDEN NA	ME ,	mu.
1	Henry Heeden		Sarah	?	
15 (Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO.	17. INFORMANT,	- new les	veryto
			rangaret Jacken	v Genn	soldania
	18. 331X .	CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECT	TLY			January Mills Bentin
	LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the cinjury or complication which caused	discase,	onelis preum	rna	Jon 1/49
	ANTECEDENT CAUSES	0	a o ha -	S.	7.
Z	DISTANCES OF COMPLETIONS	(B)	corar memor	mayo.	6.
ATIC	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIS UNDERLYING CONDITION LAST.	NG THE DUE TO		A THE LATER	
10		Hyn	artension		Morde 6/51
Ë	II .				/
CER	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS	ELATED hone	٠.		
AL	19a. DATE OF OPERATION 19b. MA	JOR FINDINGS OF OPER	RATION		20. AUTOPSY?
EDIC		PLACE OF INJURY (e. g., i home, farm, fectory, street, office bidg.,		in Baltimore City, giv	e exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	RED 21F. HOW DID INJURY	OCCUR?	
	FINJURY	m. WHILE AT NOT WHILE			
	22. I hereby certify that I attended	the deceased from 90	w. 1 , 1949, to n	lorch 6, 1951,	that I last saw the
	deceased alive on March 5195	1_, and that death occu	rred at 3 P. m., from th	e causes and on the	date stated above.
	23A. SIGNATURE & Neita		1730 Linden		March 7/51
	4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	24c. NAME OF CEMETE		CATION (City, town, or	
D	ATE RECEIVED BY REGISTRAR'S SIGN	NATURE NUM.	L és EUNER MONRECTOR	Manual !	DORESS
	18 18 1 Linte ton 1	thams, see	1631 Dr	ind Hill	are.

· LANSTONE

White the second of the second 83.88 The Relation of Emile Chill . Wilder to much so way to get Cartelly stone the dille. NOOD BOOK Later and the second Section of the section A STATE CALL DE LEVE The state of the s with the and the line the sections is the and the state of t

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2230

B	SIRTH NO.	- OI DEATH						
1.	NAME OF DECEASED JAIMES F COSTIN	JR 2. DATE OF MARCH-7-1951						
A.	B. PLACE OF DEATH: A. Baltimore City, Maryland 1568 Ridgely ST	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)						
H	I. FULL NAME OF (If not in hospital or institution, after street address or location) NSTITUTION (If not in hospital or institution, after address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give						
2	O UR WALKERS CHINTE	BALTIMORE MD township)						
1	ength of stay in Baltimore HFE TIME Mos. Days	D. STREET ADDRESS (If rural, give location) / CIDELY ST.						
5.	S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years It Under I Year It Under 24 Hours I last birthday) Months: Days Hours: Min.						
1	MAKE WHITE SINGLE	NOV-21-1909 41						
worl	OA. USUAL OCCUPATION (Give kind of rk done during most of working life, even if retired) 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?						
13	JABORER -	JAKTIMORE MD U.S.A- 14. MOTHER'S MAIDEN NAME						
	T	1 1 2						
JAMES F. COSTIN MARST BUCKINGHAM. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS								
(Ye	(Yes, no or nuknown) (If yes, give war or dates of service) 215-05-6188170BT. COSTIN. 2122 SIDINEY. AVE							
		OF DEATH INTERVAL BETWEEN ONSET AND DEATH						
	DISEASE OR CONDITION DIRECTLY	O. C. C. San A						
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Minus Strange Smings						
	injury or complication which caused death.) DUE TO							
	ANTECEDENT CAUSES							
O	DISEASES OR CONDITIONS, IF ANY, GIVING							
FA	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
FIC	(6)							
RH	OTHER SIGNIFICANT CONDITIONS CON-							
E	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?						
CA	ACCUPENT ON COLOR	YES NO YES NO NO						
MEDI								
2	21p. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED OF INJURY	ED 21F. HOW DID INJURY OCCUR?						
	m. WHILE AT NOT WHILE							
	MILL WORK CONTROL	#1						
	22. I hereby certify that I attended the deceased from	5, 1951, to 35, 1951, that I last saw the						
	22. I hereby certify that I attended the deceased from deceased alive on 1951, and that death occur	red atm., from the causes and on the date stated above.						
	22. I hereby certify that I attended the deceased from deceased alive in 1951, and that death occur 23A. SIGNATURE M. D.	m., from the causes and on the date stated above. 3B. ADDRESS 23c. DATE SISNED						
2.	22. I hereby certify that I attended the deceased from deceased alive on 1951, and that death occur 23A. SIGNATURE M.D. 24A. BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETE	Tred atm., from the causes and on the date stated above. 3B. ADDRESS						
TI	22. I hereby certify that I attended the deceased from deceased alive on 1951, and that death occur 23A. SIGNATURE M.D. 24A. BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETE ON REMOVAL (Specify) 3-10-51 HOLY CROS.	Tred atm., from the causes and on the date stated above. 3B. ADDRESS						
TI	22. I hereby certify that I attended the deceased from deceased alive on 1951, and that death occur 23A. SIGNATURE M. D. 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER CONTREMOVAL (Specify)	Tred atm., from the causes and on the date stated above. 3B. ADORESS						

correct age is especially important. Physicians: please write the causes of death clearly and legicity.

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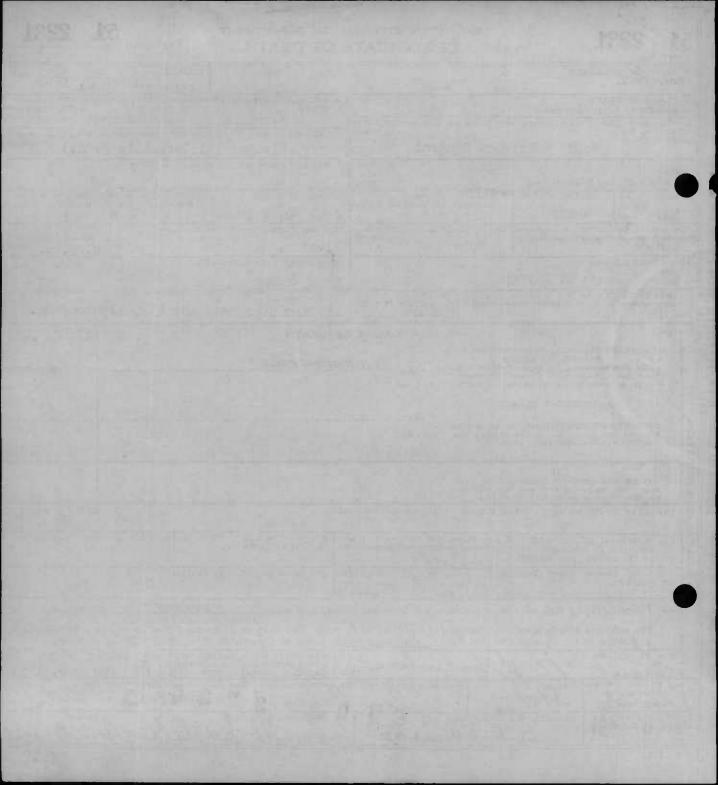
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2 DATE March 8, 1951 VERNON PAHT. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COLINTY before admission) B. FULL NAME OF f not in hospital or institution, give street address or Maryland Anne Arundel HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION South Baltimore General Elvaton (Millersville P. O. Yrs. D. STREET ADDRESS (If rural, give location) Mos ength of stav in Baltimore Box 133 Days 9. AGE (In years If Sinder I Year If Under 24 hours last birthday) Months Days Hours Min. 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH White Male June 30, 1950 Single 104 USUAL OCCUPATION (Givekind of) 108 KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY None None Elvaton, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James D. Havden Emma Ravnor 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. William Behrandt, Box 132, Elvaton, Md. No None 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Bronchopneumonia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFICA (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

INTERVAL BEIWEEN ONSET AND DEATH 20. AUTOPSY? YES X (If in Baltimore City, give exact location) UNDERLYING | OR CONTRIB-UTING [] CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT AT WORK WORK 22. I certify that I took charge of the remains described above, held an Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes \, accident \, suicide \, homicide \, undetermined \, . 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER March 8. MEDICAL INVESTIGATOR BURIAL, CREMA 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE REMOVAL (Specify DATE RECEIVED BY APPRESS PUNERAL DIRECTOR REGISTRAR'S SIGNATURE

151

H Unday 24 Sours



VS 150

BALTIMORE CITY HEALTH DEPARTMENT

Registered No-CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) COHEN DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION (If rural, give location) Yrs. D. STREET ADDRESS Mos. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 69 MARRIED 108 KIND OF BUSINESS OR (INDUSTRY 10A. USUAL OCCUPATION (Give kind of work done dring mount working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME ream 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(You, no or unknown) (If you, give war or dates of service) 16. SOCIAL INTERVAL BETWEEN 18 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY UREMIA LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO TATE CARDIAC FAILURE ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING ARTERIUSCLEROTIC RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. FIC RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY NOT WHILE! 22. I hereby certify that I attended the deceased from EEB and that death occurred at 710 deceased alive a m., from the causes and on the date stated above. 23c. DATE SIGNED 24D. LO TION, REMOVAL (Specify) (Duris DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL MRECTOR LOCAL REGISTRAR

HOLES RELECTED ONES THE STREET BIES 191 1503 F1792 DREMEN A COLONARY DUBERS FEBIL ST THEN I SHIP

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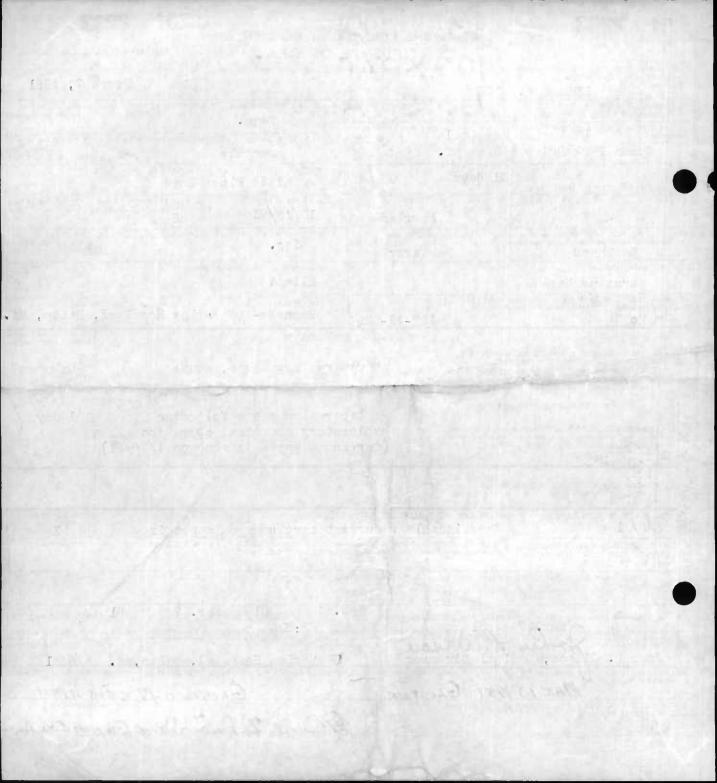
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BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. CERTIFICATI	E OF DEATH Registered No
1. NAME OF DECEASED (Type or Print) BLANCHE G STacey	2. DATE OF DEATH MARCH 7, 1951
3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION UThERAN HOSPITAL	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years Il Under 1 Year It Under 24 Hours Months; Days Hours; Min.
10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	Nov. 6, 1889 61 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
Work done during most of working life, even if retired) Housewife 13. FATHER'S NAME	MARYLAND WHATCOUNTRY
John Bradford	KATE RYLAND
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NONE 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS MRS. Ethel Miller 3126 Stafford St.
	OF DEATH Pulmonary Elema INTERVAL BETWEEN ONSET AND DEATH

heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Physicians: please write the causes of death clearly and lea

CERTIFICATIO

MEDICAL

especially important.

20 age

correct

ANTECEDENT CAUSES

LEADING TO DEATH
(This does not mean the mode of dying, e.g.,

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST,

11

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID

about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

WHILE AT

OF INJURY AT WORK 22. I hereby certify that I attended the deceased from march 6, 1951, to march 7, 1951, that I last saw the deceased alive on march 7, 1951, and that death occurred at 7:20 m. from the causes and on the data stated above

23A. SIGNATURE

24B. DATE

24c. NAME OF CEMETERY OR CREMATORY

REGISTRAR'S

25. FUNERAL DIRECTOR

238. ADDRESS

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

(If in Baltimore City, give exact location)

23c. DATE SIGNED

20. AUTQPSY?

DATE RECEIVED BY LOCAL REGISTRAR

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DYRIAL

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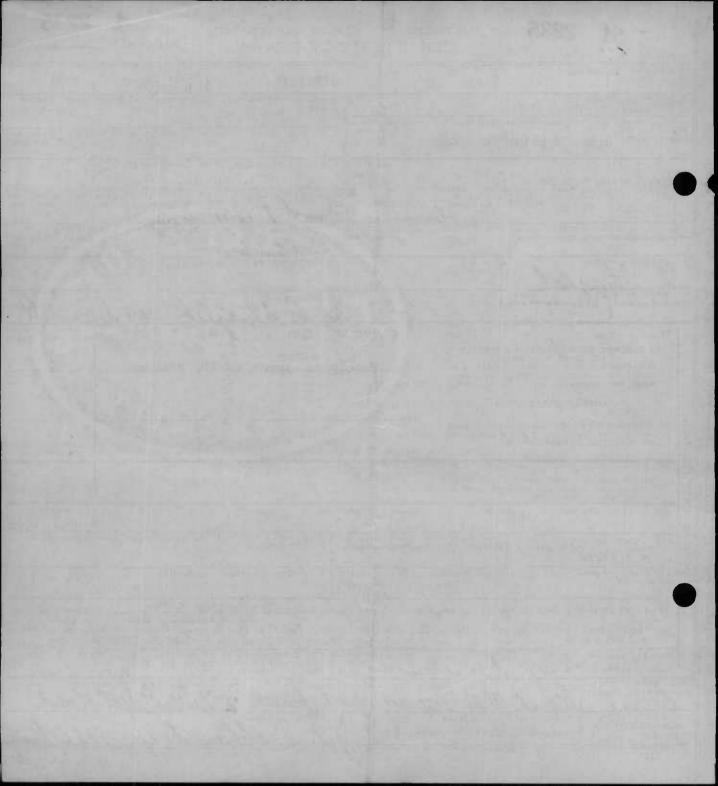
BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE OF March 7, 1951 WANDA STRAYLAK 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write LURAL and give INSTITUTION Johns Hopkins Hospital township) Baltimore D. STREET ADDRESS (If rural, give location) Mos 119 S. Ann St. Length of stay in Baltimore Days 9. AGE (In years If Ender | Year If Under 24 Hours last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 24 Hours WIDOWED DIVORCED (Specify) Female White Mestrora 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME EYER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hemolytic anemia of the newborn DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? NO X YES 21B. PLACE OF INJURY (a.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB UTING | CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and Leath in my opinion resulted from: natural causes 🗵, accident 🖂, suicide 🖂, homicide 🖂, undetermined 🗀. 238. CHIEF MEDICAL EXAMINER 230. DATE SIGNED ASSISTANT MEDICAL EXAMINER 20 March 8, 195 23A. SIGNATURE 24A. BURIAL, CREMA-TION REMOVAL (Specify) DATE RECEIVED BY 5. FINERAL DIRECTOR ADDRESS LOCAL REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT

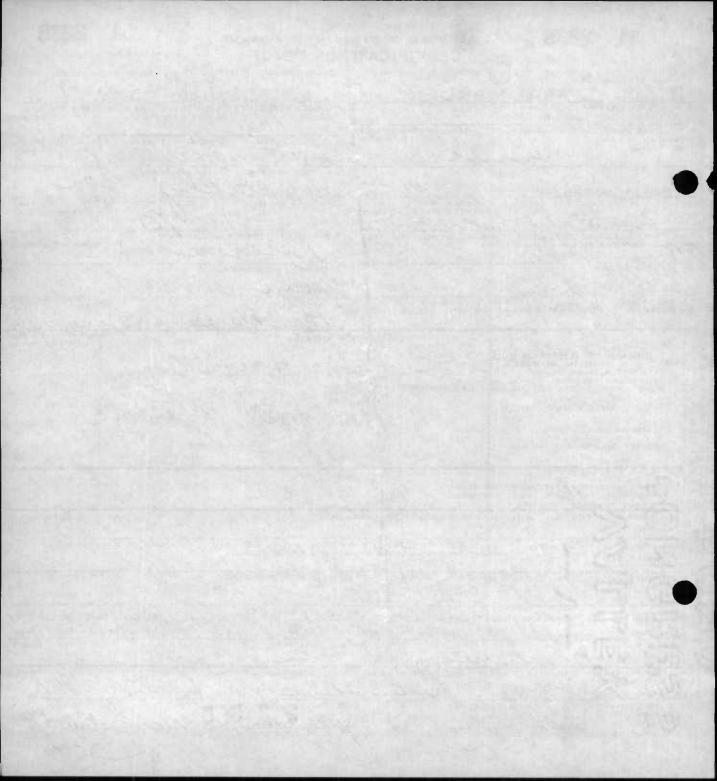
BIRTH NO.	CERTIFICAT	E OF DEATH	Registered	I No.
1. NAME OF DECEASED (Type or Print)	Du	Lmeier	2. DATE OF DEATH	17151
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution) HOSPITAL OR INSTITUTION Length of stay in Baltimore	Stewrore ution, give street address or location) Vrs. Mos. Days		Where deceased lived. B. COUNTY Coutside corporate ling rural, give location	If institution: residence before admission mets, write hulling and given ships of the state of t
5. SEX 6. COLOR OR RACE 7. SING	LE. MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH 8 - 6 - 13	9. AGE (in years last birthday)	Months Days Hours Mir
	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME Sharles Sh	aham	14. MOTHER'S MAIDEN N	P. ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uoknowo) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Dus	neier	address as above
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the diser injury or complication which caused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	Y (A)	Je Candine o Talus asthn	lilatila: Llais	There and dear
OTHER SIGNIFICANT CONDITIONS CONTROL TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	TED LOS	al brondon		tems
19A. DATE OF OPERATION 19B. MAJO		o or 21c, WHERE DID (etc.) INJURY OCCUR?	If in Baltimore City	20. AUTOPSY? YES NO [7, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	2 1E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
22. I hereby certify that I attended the deceased alive on 3 - 7, 1957 23A. SIGNATURE 24A. BUILAL. CREMATION, REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR MAR 9 - 1951	and that death occur allegen Defendence 24c. NAME OF CEMETE CAR	rred at 33 Jem., from t 138. ADDRESS Traylal Se		23c. DATE SIGNE

The second second · DESTRUCTION ALL ALLES

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2238 Registered No.

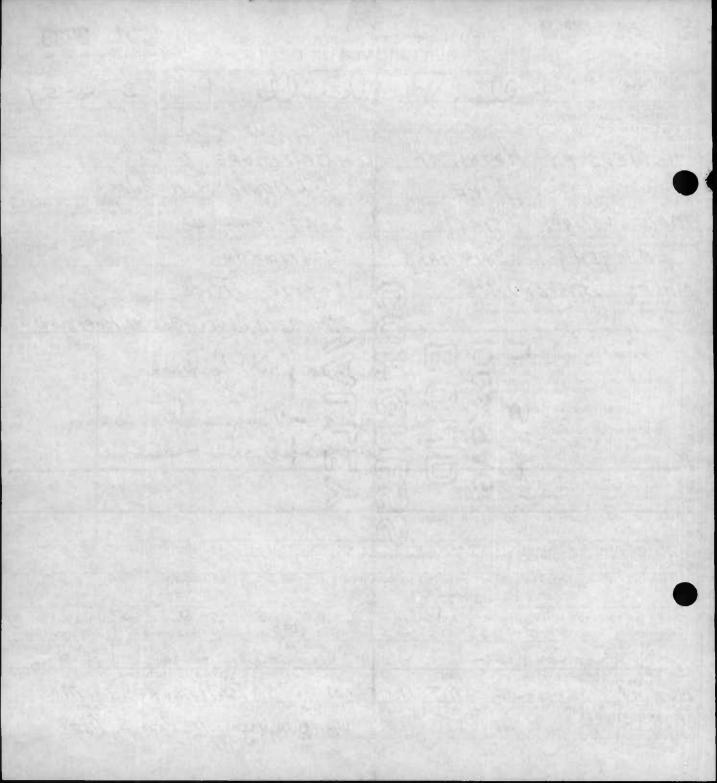
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) CLARA MARDER	2. DATE OF DEATH 3-9-51
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township
ength of stay in Baltimore Yrs. Mos. Days	2600 Oakley (100)
57SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years if Under 1 Year last birthday) Months: Days Hours Min.
10A. USUAL OCCUPATION (Givakind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHOLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. PATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	ATTEME Mandon - 2348 Lendon (Onc
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Intral Between onset and Death Imonaly Edeman
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?
Z1A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., et	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?
deceased alive on May (h 8, 1951, and that death occur	red at 25 m., from the causes and on the date stated above 3B. ADDRESS 23C. BATE SIGNED
24A BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER TION REMOVAL (Specify)	RY OR CREMATORY 24d. LOCATION (City, town, or county) (State)
CATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	28. FUNERAL OFFECTORY ZOO Sutem Pl
VS 150	55E



BASKERVILLE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

В	IRTH NO.	CERT!FICAT	E OF DEATH	Registered N	0
1.	NAME OF DECEASED Child	Bul	saril la	2. DATE OF DEATH	-8-51
A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution)		4. USUAL RESIDENCE A. STATE MARY/AND		institution : residence before admission
Н	UNIVERSITY HOSPI	Iocation)		(If outside eorporate limits	s, write RURAL and giv
	Length of stay in Baltimore LIFE	Yrs. Mos. Days		If real, give location)	
5		. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH		Under I Year H Under 24 Hours nths Days Hours Min.
wor	DA. USUAL OCCUPATION (Give kind of the kin	OF BUSINESS OR INDUSTRY		r foreign country)	12. CITIZEN OF WHAT COUNTRY
1	NOSES BASKERVILLE		LOTTIE	PICE	
(Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 10. no or unknown) (If you, give war or dates of service)	16. SOCIAL SECURITY NO.	ELIZABETH JOI	1 2 -11/	HOFFMAN ST
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the disease injury or complication which caused death	(A) Any	of DEATH	Poilure	INTERVAL BETWEEN
ICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST.		and John	Leveline Di	A - 10
CERTIF	OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE OISEASE OR CONDITION CAUSING I	0			
AL.	19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER	RATION	Maria de la compansión de	20. AUTOPSY?
1EDIC		CE OF INJURY (e. g., i arm, factory, street, office bldg.,		(If in Baltimore City, g	ive exact location)
M	OF INJURY	21E. INJURY OCCURR WHILE AT WORK AT WORK		RY OCCUR?	
	22. I hereby certify that I attended the deceased alive on 3 - 8 1951	deceased from 2	rred at 919 Pm., from	3-8, 195 the causes and on th	that I last saw the date stated above
	23A, SIGNATURE BOOODOW	M. D.	Drunst	HONR	3 - A -37
7	ON, REMOVAL (Specify) 3-//-5/	MT. AUBUI	3N B	A)TIMORE,	or county) (State)
7	MAR 9 1951 REGISTRAR'S SIGNATURE OF THE PROPERTY OF THE PROPER	re, Rite	Wm. ADJAOUSAN	, 916 PENNA.	AUE
	VS 150	9	70 3W	0	93)

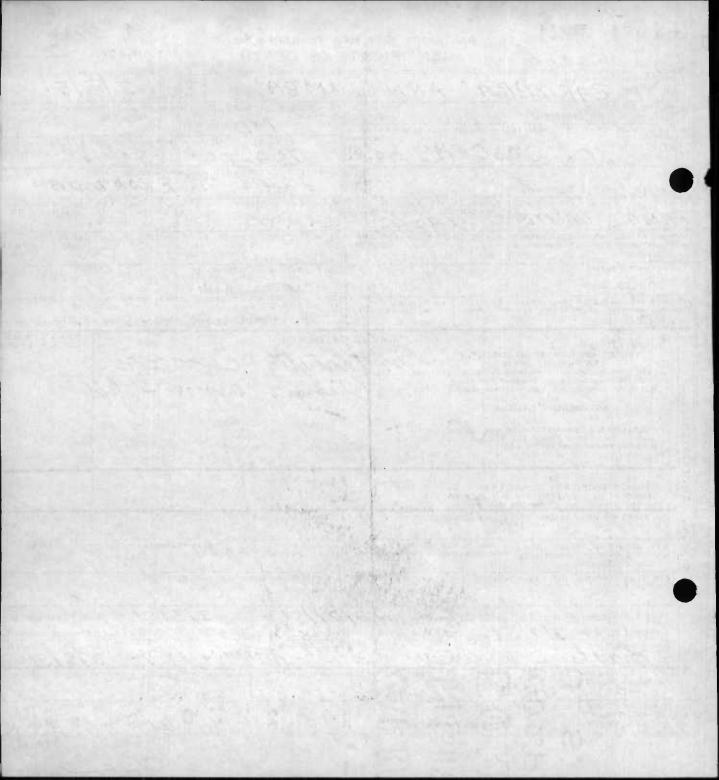


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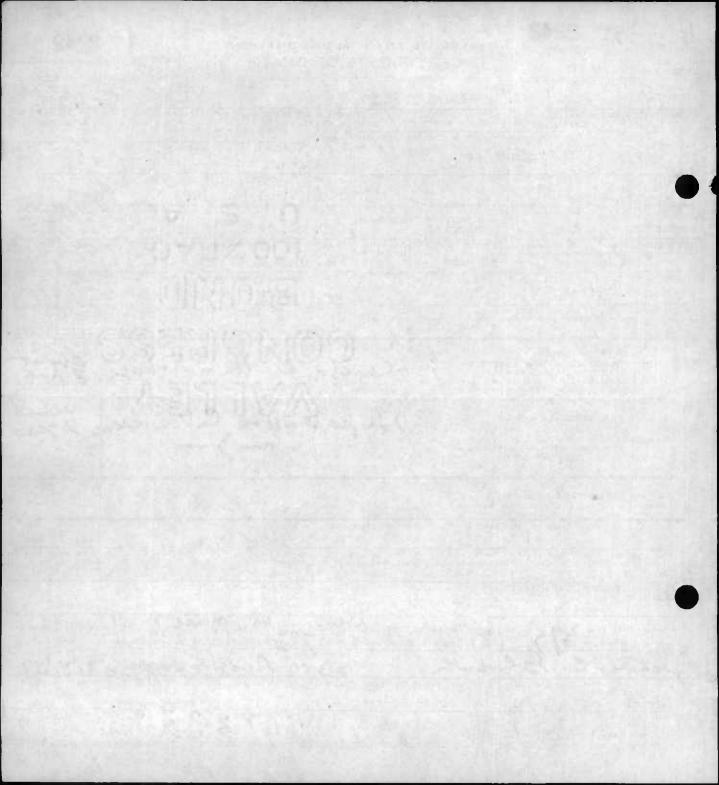
3			2241		TIMORE CITY H			5.1 Registered	2241 No.
		NAME OF D		RS	ANN B	UMBA	2	OF DEATH	18/51
	A.		City, Maryland			A. STATE	NCE (When		If institution: residence before admission)
	H	FULL NAME OSPITAL OR ISTITUTION			ion, give street address o location 145 HOSP	C CITY OR TOWN	- 4	side corporate lim	nits write RURAL and give township)
16,200			tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRE			DWAY
y and	F	EMALE	6. COLOR OR RACE	WIDOW	E, MARRIED, PED, DIVORCED (Specify	Jan. 8, 1946		AGE (In years last birthday)	Months Days Hours Min.
clear	#ork	none	CUPATION (Give kind of f working life, even if retired)	10B. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	itate or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
death	13	Robert				14. MOTHER'S MA Rita Schl		E	
causes of	15 (Yes	, no or nnknown)	D'EVER IN U.S. ARMEE (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Rober	t Lee		ADDRESS 244 N. Broadway
please write the	RTIFICATION	(This does heart failure in jury or DISEASES RISE TO T	SE OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS GOR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA	f dying, e. g ns the diseas aused death EES FANY, GIVIN STATING TH	e, .) DUE TO \mathcal{U}	astatić Vilm's			
Physicians:	CERTI	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D				
	AL (19A. DATE O	F OPERATION 0 1	9в, MAJOR	FINDINGS OF OPE	RATION			20. AUTOPSY7
important.	1EDIC		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., farm, factory, street, office hldg.			Baltimore City,	, give exact location)
	M	21D. TIME (OF INJURY	Month) (Day) (Year)		21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		INJURY O	CCUR?	
correct age is especially	TIC DA	deeeased al	TURE 24B. DATE 24B. DATE 3/10/5	Sav	deceased from 2, and that death occurred M.D. 24C. NAME OF CEMET! Holy Redeen	erred atm., 23B. ADDRESS ERY OR CREMATORY ner Cem.	epli's	140p. ATION (City, tow	n, or county) ADDRESS Ballo ADDRESS Ballo
				A.C. Bre	4.	V			22a



BALTIMORE CITY HEALTH DEPARTMENT

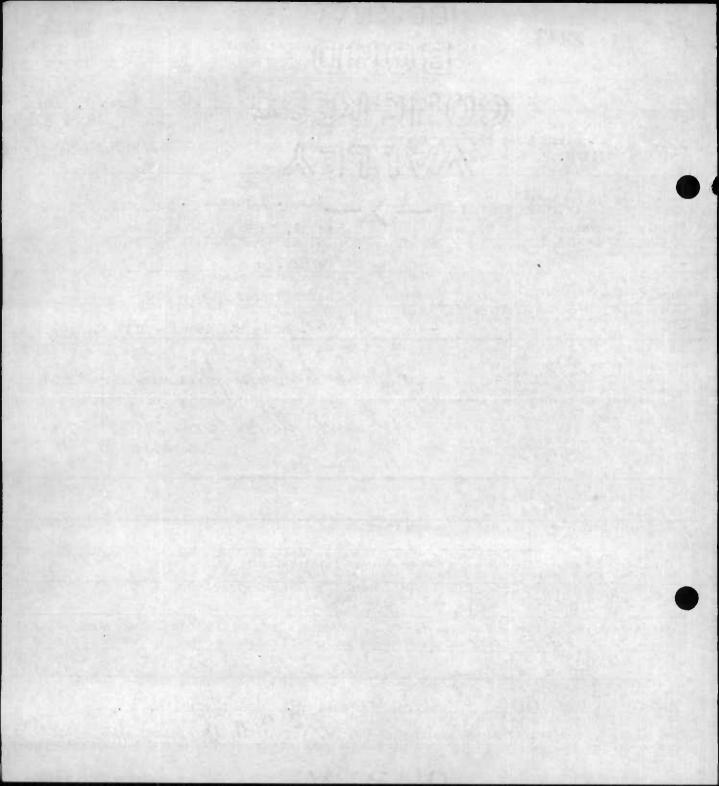
51 2242 Registered No.

	BIRTH NO.			CERTIFICATI	OF DEATH	registered	110,	
	1. NAME OF D	ECEASED				2. DATE		
	(Type or Print)	S	. S.	ABINA CURRAN		OF DEATH	Mar. 7.	1951
	3. PLACE OF D				4. USUAL RESIDENCE (Where deceased lived,	If institution :	residence
	B. FULL NAME	City, Maryland	al or institut	ion, give street address or	A. STATE	B. COUNTY	. beic	ore admission)
	HOSPITAL OR			location)		f outside corporate lin	nits, write DU	RAL and give
	INSTITUTION	3201 Virgi	nia Av	∂•	Baltimore	7	7-16	township)
				Yrs.	D. STREET ADDRESS (If	rural, give location)		
	Length of s	tay in Baltimore		Mos. Days	3201 Virginia	Ave.		
	5. SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	M Under 1 Year	li Under 24 Hours
	female	white		ved, DIVORCED (Specify)	Oct. 24. 1887	last birthday)	Months Days	Hours Min.
	10A. USUAL OC	CUPATION (Give kind of	10B. KINI	O OF BUSINESS OR	11. BIRTHPLACE (State or f		1 12. CITIZ	
	work done during most	of working life, even if retired)	at h	ome	Maryland		WHAT	COUNTRY?
	13. FATHER'S				14. MOTHER'S MAIDEN N	IAME		
	Owen W.				Emma Reese	771716		
		ED EVER IN U.S. ARMED	CODOCCO	Lie cociai				
	(Yes, no or unknowo)	(If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	no			no	Mr. Albert J.	Curran - 320)l Virgi	nia Ave.
	(This does heart failu	LEADING TO DEAT LEADING TO DEAT not mean the mode of are, asthenia, etc. It mea complication which c	H f dying, e.s ns the diseas aused deatl	(A)	esral /le	***************************************		AND DEATH
	RISE TO T	ANTECEDENT CAUS S OR CONDITIONS, H HE ABOVE CAUSE (A) YING CONDITION LA	ANY, GIVII STATING T	VG	aerlensire	C.V. Dis	est i	Zyan
	F	II COND	TIONS					
	M IKIBUTING	GIGNIFICANT CONDI	NOT RELAT	ED				
		ISEASE OR CONDITION			ATION		120	ALITADRE V2
	A ISA. DATE O	OF OPERATION 0 1	98. WAJON	FINDINGS OF OPER	ATION		YES YES	NO NO
	U ZIA. ACCIE	DENT WAS UNDER	218. PL	ACE OF INJURY (e.g., in	n or 21c. WHERE DID (If in Baltimore City		
		R CONTRIBUTING		farm, factory, street, office bldg., e				
	21D. TIME DF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?		
9	DF INSORT		m.	WHILE AT NOT WHILE				
	22 I havel	by certify that I att	and ad the	desegged from	LC. 1048 to 7	nance), 19.	5 (that 11	last easy the
,		live on 3	10	and that death occur	med at 73 cm from	the causes and on		
	23A. SIGNA	TURE	-, ±0-4-4-4-	deceased from and that death occur	3B. ADDRESS			TE SIGNED
	Heli	156.15	luc	M. D.	5356 Reis	lorstorpe	- 3/	8/51
0	2/A. BURIAL.	CREMA- 243. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (Uty, tow	ii, or county)	(State)
	Burial	3/10/5°		Druid Ridge C	lem . P	ikesville, N	14-	
	DATE RECEIVE		SSIGNATI		25 FUNERAL PIRECTOR	2 2 20	ADDRES	5/7 _/
	MAR 9 - 1		5/1/4	LANG MA	2/m. 1.	Janer 4	san -	Vaulto
	VS 150						937	ma



BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	C	ERTIFICATI	E OF DEATH	Registe	red No
1. NAME OF DECEASED (Type or Print)	CADAU DITO	ADDMII DAIRED		2. DATE OF	
3. PLACE OF DEATH: A. Baltimore City, Maryland		ABETH BEHLER	4. USUAL RESIDENCE	DEATH (Where deceased live) B. COUNT	March 7, 1951 ved. If institution: residence TY before admission)
B. FULL NAME OF THOUSE		n give Atrectaddress or location)	Md. c. CITY OR TOWN (Baltimore	If outside corporate	climit, write CUPAL and give township)
Length of stay in Baltime	ore	Yrs. Mos. Days	D. STREET ADDRESS (1	If rural, give location	on)
female white		D, DIVORCED (Specify)	June 17, 1868	9. AGE (In yet	y) Months Days Hours Min.
IOA. USUAL OCCUPATION (Give work done during most of working life, even if	kind of 10B. KIND (OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Pennsylvania	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Ahraham Hess			14. MOTHER'S MAIDEN	NAME	12 - 7
15. WAS DECEASED EVER IN U. S. (Yes, no or unknown) (If yes, give war	ARMED FORCES? or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Fisher -	ADDRESS 2211 W. Rogers Av
DISEASE OR CONDITION (This does not mean the research failure, asthenia, etc. Injury or complication with antecedent of the complication of the complication of the complication of the complete of the compl	DEATH node of dying, e.g., It means the disease, nich caused death.) CAUSES NS, IF ANY, GIVING E (A) STATING THE DN LAST. ONDITIONS CONBUT NOT RELATED	(A) My OC DUE TO (B) OLLERO DUE TO (C)	oscholic can	liorascus diseas	lar 10 yr.
TO THE DISEASE OR CONE		FINDINGS OF OPER	ATION		20. AUTOPSY?
21a. ACCIDENT WAS UND LYING OR CONTRIBUTION CAUSE OF DEATH 21D. TIME (Month) (Day) F INJURY	(Year) (Hour) 2	E OF INJURY (e. g., in m, factory, street, office bldg., e IE. INJURY OCCURR ILE AT WORK AT WORK	tte.) INJURY OCCUR?		YES NO City, give exact location)
LOCAL REGISTRAR	I attended the d	eceased from	38. ADDRESS AS TO STATE OF CREMATORY 24D.	the causes and Location (City.	that I last saw the on the date stated above. 23c, DATE SIGNED
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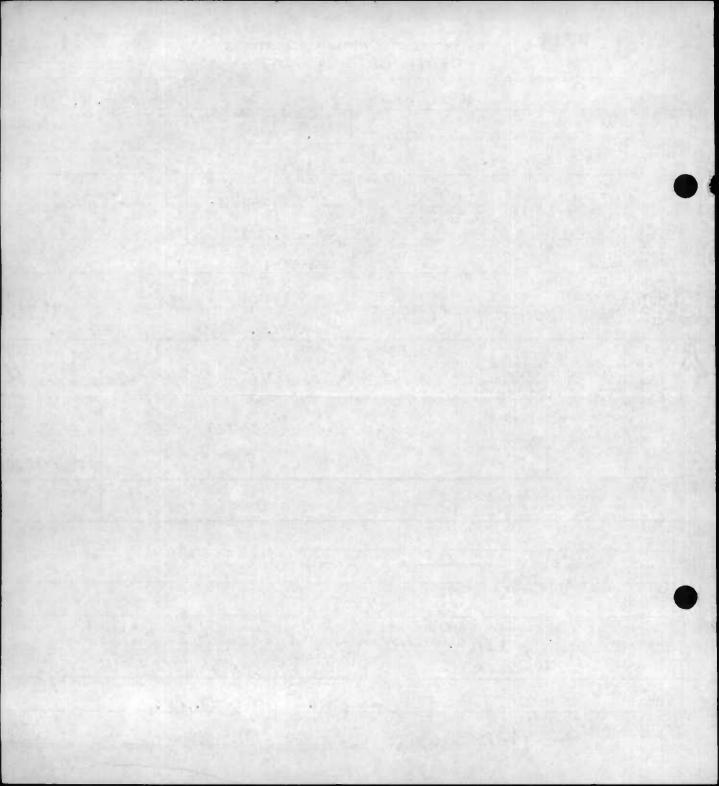


620 51 2244

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2244 Registered No.

BIRTH NO.	CERTIFICATI	- OI DEATH
1. NAME OF DECEASED (Type or Print)	JENNIE C. BROSS	2. DATE OF DEATH Mar. 8, 1951
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital OR INSTITUTION 4806 Homer	l or institution, give street address or location)	c. CITY OR TOWN (If outside curporate limits write RURAL and give township)
Length of stay in Baltimore	LIFE Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 4806 Homer Ave.
female white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	B. DATE OF BIRTH Oct. 10, 1873 9. AGE (In years last birthday) Months: Days Hours Min.
10A. USUAL OCCUPATION (Glvekindof work done during most of working life, even if retired) Never worked	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	TO THE	14. MOTHER'S MAIDEN NAME
Owen McElgunn	Seneral Lan Goodil	Mary Tierney
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (17 yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	Mrs. Wm.B. Gerwig 4806 Homer Ave.
DISEASE OR CONDITION E LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which ca ANTECEDENT CAUSI OISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS UNDERLYING CONDITION LAS OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT IT TO THE DISEASE OR CONDITION	ANY, GIVING STATING THE CO. (C)	NIE DEMENTIA few years REMIC COMA 3-4day
. 19A. DATE OF OPERATION 115	BB. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year)		te.) INJURY OCCUR?
24a. BURIAL, CREMA: 24B. DATE TION, REMOVAL (Specify) Burial 3/10/51	m. work AT WORK ended the deceased from , 195/, and that death occur	38. ADDRESS 46.03 PARK 4TS AVE 3 SIGNED RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)



536 5 BIRTH NO. T	1, 2245			EALTH DEPARTMENT E OF DEATH	51 Registered N	2245
1. NAME OF E (Type or Print)	DECEASED	ROBER'	T GODFRI	Y HENDERSON	2. DATE OF March	7, 1951
	City, Maryland OF Of not in hospit	el or institution	a give street address or	4. USUAL RESIDENCE (Where deceased lived. If	
HOSPITAL OR INSTITUTION	Provident		location)			s, write RUFAL and give township
ength of s	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (1)	fural, give location) Mary's St.	
Male	6.COLOR OR RACE	7. SINGLE. WIDOWE	MARRIED. D. DIVORCED (Specify)	8. DATE OF BIRTH March 28, 1949	9. AGE (In years li last birthday) Mo	onder I Year If Under 24 Hours Min.
	CCUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or :		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S	NAME Dert Poptis	te		14. MOTHER'S MAIDEN N		4
15. WAS DECEAS (Yee, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Irs. Arline He	enderson 552	odress St. Fary
O DISEASE Z DISEASE O RISE TO	SE OR CONDITION LEADING TO DEA s not mean the mode of ure, asthenia, etc. It mes complication which ANTECEDENT CAUS SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e.g., ins the disease, caused death.) SES F ANY, GIVING STATING THE	DUE TO (B) Spast	cephaly ic paraplegia		ONSET AND DEATH
OTHER STRIBUTION	II . SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED				
U 19A. DATE	OF OPERATION 1	9B. MAJOR F	INDINGS OF OPER			20. AUTOPSY?
UNDERLYIN	NAL CAUSE WAS IG OR CONTRIB- CAUSE OF DEATH.		E OF INJURY (e. g., in m,factory,street,office bldg., e		(If in Baltimore City, g	rive exact location)
	(Month) (Day) (Year)	WH	ILE AT NOT WHILE	ED 21F. HOW DID INJUR	RY OCCUR?	
the ev	idence obtained by eath in my opinion	said Autop	su. Inspection or 1	Inquiry, find that said of the said of th	leecascd died on the homieide , u	_ thereon and from e day stated above ndetermined □. c. DATE SIGNED
24A. BURIAL, TION, REMOVAL (S	CREMA- 248 PATE	TAX (.D. ASSISTANT MEDICAL .D. MEDICAL INVESTIGA RY OR CREMATORY 24D. I	TOR 🔲 Ma	or county) (State)

Arbutus I em.

ir ore Co., Md.

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

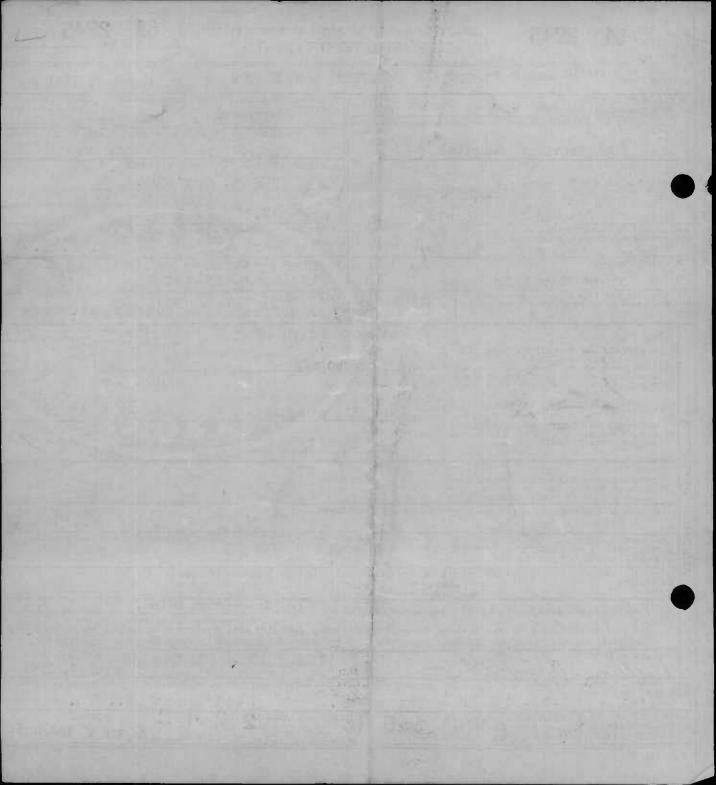
Burial DATE RECEIVED BY LOCAL REGISTRAR

V S 151

MAR 9-195

3-10-51

REGISTRAR'S SIGNATURE Tutti for Williams



Dr. Reckling 2246

LAMAR
BALTIMORE CITY HEALTH DEPARTMENT

CED	And it has been	C A -	TT C	- I	FATH
		1 . A)	IFAIH

Registered No.

В	IRTH NO.						
	NAME OF D Type or Print)	DECEASED (lara	Caithe	e Lamas	OF MAN	rek 6,1951
	Baltimore	City, Maryland	Na Na		A. STATE L.	Where deceased lived. If i	institution : residence before admission)
В.	FULL NAME OSPITAL OR		ital or institutio	n, give street address or location)	maryla	nd	/ 12 Date 13
IN	STITUTION	1111 hu	dies		c. CITY OR TOWN	- 10	write litiRAL and give to viship)
2		0/6 //w	wen	Yrs.	D. STREET ADDRESS, (If	rural, give location)	?
6	Length of s	stay in Baltimore	/	3 Mos. Days	1616 ma	dian a	el.
5	. SEX	6. COLOR OR RAC	E 7. SINGLE.		8. DATE OF BIRTH	9. AGE (In years H	Under I Year If Under 24 Hours nths; Days Hours Min.
7.	emale	Colores	ma	rred	Oct. 3, 1899	5/	
WOL	k done during most	CUPATION (Give kind	of 108. KIND	OP BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	OMUM 3. FATHER'S		1/01	. Jamely	Manurshung,	AME	Men.
		11.1v.	nuse	0,0	ll m	knows	
15 (Ye	5. WAS DECEAS	ED EVER IN U.S. ARM	ED FORCES?	16. SOCIAL SECURITY NO.	17 INFORMANT	-1	DDRESS
				K	Talmadge Va	maN 1616 %	rablem Cre.
	18. 40	90X .		CAUSE	DEATH		INTERVAL BETWEEN ONSET AND DEATH
		SE OR CONDITION	ATH	to	La Malun	~	21206
	(This doe heart fail	s not mean the mode ure, asthenia, etc. It m	of dying, e. g.	, (A)V	Jul O rawn	4 m2	2 wing
		complication which					
7		ANTECEDENT CA	USES				- ASP 30
0	DISEASE	S OR CONDITIONS	IF ANY, GIVING	3		***************************************	
AT	UNDERL	THE ABOVE CAUSE (A	A) STATING THE LAST.	DUE TO			
FIC				(C)			
RTI	OTHER :	II SIGNIFICANT CON	DITIONS CON-				
CE		G TO THE DEATH, BU					
_	19A. DATE	OF OPERATION	19B. MAJOR	FINDINGS OF OPER.	ATION		20. AUTOPSY?
CA	21A ACCID	ENT. SUICIDE.	21B PI AC	CE OF INJURY (e.g., in	or 21c, WHERE DID (If in Baltimore City, g	yes No
EDICA	HOMICIDE	(Specify)		m,factory,street,office hldg.,e			,
Σ		(Month) (Day) (Yes	r) (Hour) 2	1E. INJURY OCCURRE	D 21F. HOW DID INJUR	Y OCCUR?	
	FINJURY			WORK NOT WHILE		,	
	22. I heret	by certify that I a		7	15 , 19 1/to	3/1 . 195	that I last saw the
	deceased a			nd that death occur		-11	e date stated above.
	23A. SIGNA	TYRE	W- No		SB. ADDRESS, GIN	mor a	3 9 SIGNED
2 T!	4A. BURIAL.	CREMA- 248 DATE	1 2.	4C. NAME OF CEMETA	TY OR CREMATORY 40. L	OCATION (City, town,	or county) (State)
<	Barias	13/80/	1951 4	Croutes Me	m. 1/C. 100	illimne a	, Md.
	ATE RECEIVE OCAL REGIST	TRAR REGISTRA	R SIGNATHE	awa, M. S. T	Total S	Syntal	Tie.
=	VS 150	35		7	2204		1116
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Eld Mar Peace 1751.51

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101	51 2247	BALT	MORE CITY HE	EALTH DEPARTM	ENT	64 00 m
167	and the state of the first			E OF DEATH	TO	red No
BIRTH	NO.					
1. NAM (Type or	Print)	ellie	Lauren	a Gril	Zin 2. DATE OF DEATH	narch 8 1951
	imore City, Maryland			A. STATE	CE (Where deceased live B. CO)	ved. If institution: residence TY before admission)
B. FULL HOSPIT		pital or institution	, give street address or location)		igrand	No de la Villa de la L
INSTIT		eld &	4.	C. CITY OR TOWN	timene	e limits, write RURAL and give
			Yrs. Mos.	D. STREET ADDRES	(If rural, give location	21
	rth of stay in Baltimore		grand Days	1010 -4	rock s	<i>11.</i>
Jem Jem	ale Color or RAC	7. SINGLE.	MARRIED. DIVOROZD (Specify)	Jan. 27 /8	9. AGE (In year last birthday)	Months Days Hours Min.
10A. US	UAL OCCUPATION (Give kind uting most of working life, even if retire	lof 10B. KIND C	F BUSINESS OR	11. BIRTHPLACE (St	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FAT	HERSNAME		inc	14. MOTHER'S MAKE	DEN NAME	8.
	links	rown		lente	nouse	
15. WAS (Yes, no or	DECEASED EVER IN U. S. ARM unknown) (If yes, give war or de	AED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	0.	ADDRESS 2708
_N	0			Clarence O.	Eussin X	ethlem Rd.
18.	157X		CAUSE	OF DEATH	1	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION		C.	40 4	Pauluna	c lux
(This does not mean the mode	e of dying, e.g.,	(A)	YCINOMA	Lancrea	3 191
	eart failure, asthenia, etc. It m njury or complication which		DUE TO			
	njury or complication which	caused death.)	DUE TO			
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RTIFICATION	njury or complication which ANTECEDENT CA DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE (JINDERLYING CONDITION II OTHER SIGNIFICANT CON	caused death.) USES 6, IF ANY, GIVING A) STATING THE LAST. IDITIONS CON-	(B)			
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WEDICAL CERTIFICATION 110 110 110 110 110 110 110 1	ANTECEDENT CA DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE (JINDERLYING CONDITION OTHER SIGNIFICANT CON RIBUTING TO THE DEATH, BE O THE DISEASE OR CONDITI DATE OF OPERATION ACCIDENT, SUICIDE, AICIDE (Specify) TIME (Month) (Day) (Yes INJURY I hereby certify that I a eased alive on 100 YC)	Caused death.) USES S. IF ANY, GIVING A) STATING THE LAST. DITIONS CON- UT NOT RELATED ON CAUSING IT. 198 MAJOR, F 218, PLAC about home, farr ar) (Hour) 21 218, PLAC about home, farr wh. wh. uttended the death.)	DUE TO (C) (C) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (D	RATION Metastas n or 21c. WHERE DIE etc.) INJURY OCCUR ED 21f. HOW DID 1 1951, rred at 45, m., 1 23B, ADDRESS	(If in Baltimore of NJURY OCCUR?	20. AUTOPSY? YES NO City, give exact location) 195 [that I last saw the on the date stated above. 23c. DATE SIGNED 385 town, or county) (State)
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MEDICAL LOCAL AND LOCAL LOCAL LOCAL MAR LOCAL MAR LOCAL MAR LOCAL MAR LOCAL MAR LOCAL	ANTECEDENT CA DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE (UNDERLYING CONDITION OTHER SIGNIFICANT CON RIBUTING TO THE DEATH, BU OTHE DISEASE OR CONDITION ACCIDENT, SUICIDE, MICIDE (Specify) TIME (Month) (Day) (Yes INJURY I hereby certify that I a eased alive on MOYCH OTHER SIGNIFICANT CON REGISTRAR REGISTRAR REGISTRAR REGISTRAR AND CONDITION ACCIDENT, SUICIDE, MOYAL (Specify) MECELVED BY REGISTRAR	Caused death.) USES S. IF ANY, GIVING A) STATING THE LAST. IDITIONS CON- UT NOT RELATED ON CAUSING IT. 199 MAJOR, F 21B. PLAC about home, farr ar) (Hour) 21 M. WH m. WH cuttended the de 8, 19-51, and 24 195 SIGNATUR 24	DUE TO (C) (C) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (D	RATION Metastas n or 21c. WHERE DIE etc.) INJURY OCCUR ED 21f. HOW DID D 1957, rred at 432 m., 23B ADDRESS 617 Y. 44 RY OR CREMATORY VALLE 725. F. NEBAL DIS	to Maych 8, from the causes and 240. LOCATION (City, City, C	20. AUTOPSY? YES NO City, give exact location) 195 [that I last saw the on the date stated above. 23c. DATE SIGNED 385 town, or county) (State)

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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF JEORGE W. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) MARYLAND (If not in hospital or institution, give street address or B FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) BALTIMORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore DOLIS Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.
(WIDOWED) DIVORCED (Specify) 9. AGE (in years If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. MALE July11,1889 Divorced 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Md. Carpentry Retired Carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Adams Laura Craig 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO Mrs. Dorothy Castranda INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ASCULAR (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES HYPERTENSION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DOSS CANCER of LUNG UNDERLYING CONDITION LAST. 11 RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 4 (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE! WHILE AT WORK 22. I hereby certify that I attended the deceased from 3/7 195/ to. , 1951, that I last saw the 1, 1951, and that death occurred at St SP m., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 23c. DATE SIGNED

MAK 3 -

Burial

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR

24B. DATE

3-1 -1951

REGISTRAR'S SIGNATURE

51024

26. FUNERAL DIRECTOR

Strong

24c. NAME OF CEMETERY OR CREMATORY

Western

83a

ADDRESS

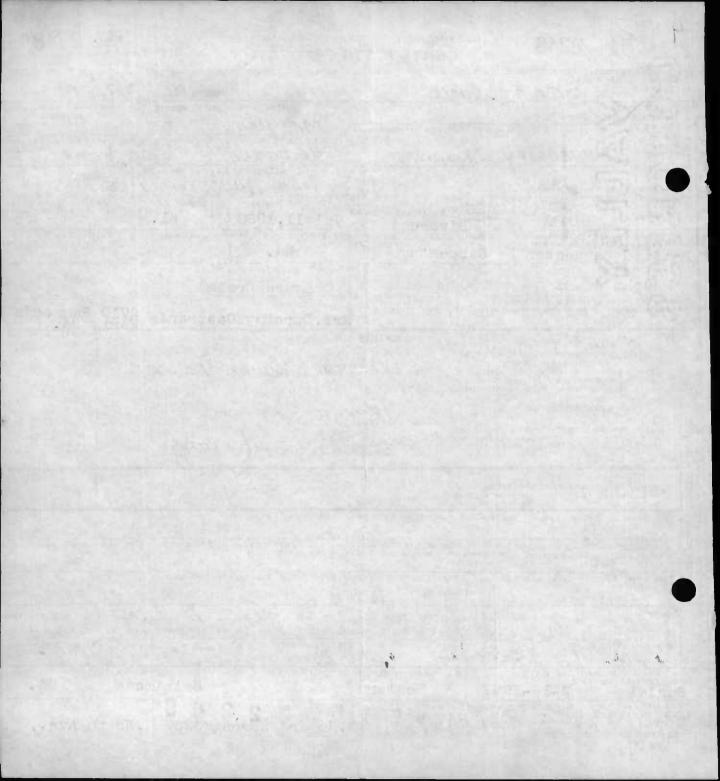
3207 W. North Ave.

(State)

Md.

24D. LOCATION (City town, or county)

Baltimore

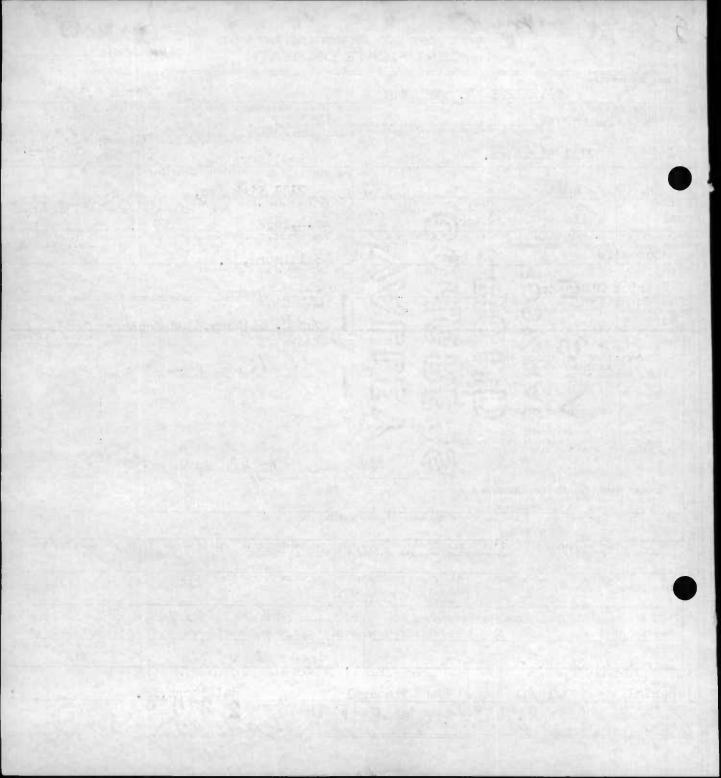


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BALTIMORE CITY HEALTH DEPARTMENT

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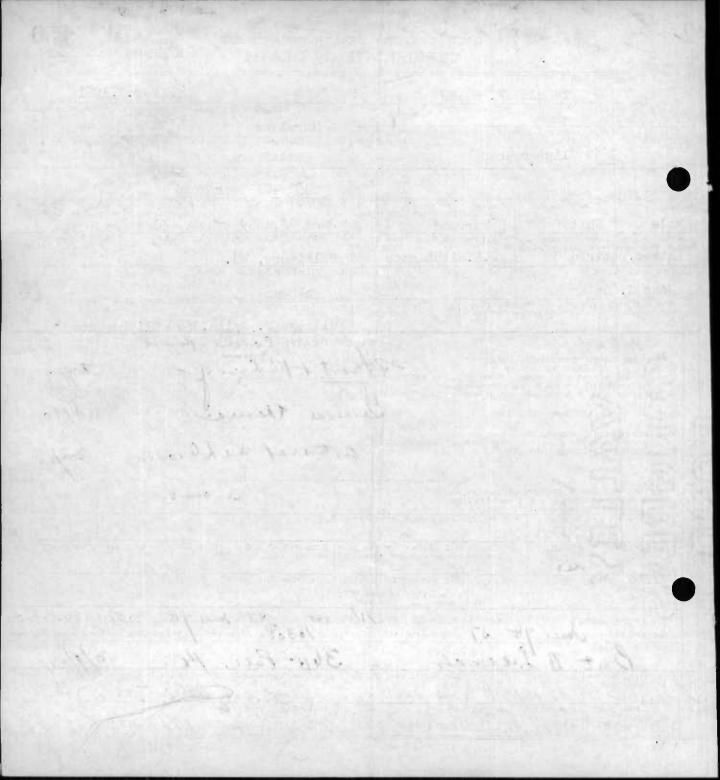
Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH March 7,1951 CATHERINE R. SELTERS 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location' (If outside corporate limits White MURAL and give C. CITY OR TOWN INSTITUTION township 2111 Kirk Ave. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mes. 2111 Kirk Ave. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (In years | ff Under I Year | ff Under 24 Hours last birthday) | Months: Days | Hours: Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED (Specify)
Married Female White Mar.4,1892 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY? Housewife Baltimore, Md. At home 13. FATHER'S NAME Patrick O'Connor Mary McGovern 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) | (If yes, give war or dates of service) SECURITY NO No John P. Selters, 3802 Monterey Road INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Tardiae Hyperty ! Ihlalelon 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION EDIC (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE. about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? PID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! WORK . 1950 to. , 19 S., that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on_ 19 11, and that death occurred at_ m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY 24B. DATE Burial Baltimore 12/57 New Cathedral ADDRESS DATE RECEIVED BY LOCAL REGISTRAR



530 51 2250 BALTIMORE CITY HEALTH DEPARTMENT

51	2250

	DTIL NO			CERTIFICATE	E OF DEATH	Registere	d No.	
I. NAME OF DECEASED						2. DATE		
(Type or Print) THOMAS F. SMITH						OF Mar	.7,1951	
A.		EATH: City, Maryland			4. USUAL RESIDENCE (W A. STATE Maryland			
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)		outside corpo utali	mits writ RURAL and give	
		3652 Clipper	Road		Baltimore	15	township)	
				Yrs.	D. STREET ADDRESS (If rural, give location)			
C.	Length of s	tay in Baltimore		Mos. Days	3652 Clipper Road			
5.	SEX	6. COLOR OR RACE		E. MARRIED. /ED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	Months: Days Hours: Min.	
	Male	White	Mari		June 26, i889	61		
work	done during most	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT		
-	Lather, r		J.B.H	Hitchinson	Baltimore, Md.			
13	. FATHER'S	AME			14. MOTHER'S MAIDEN NA	AME		
	John J.				Unknown			
15 (Yes	. WAS DECEASI	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	No			02001111110.	William M. Smit	h.3652 Clir	oper Road	
	18. 4	4xx		CAUSE	OF DEATH Caroli		INTERVAL BETWEEN	
	DISEA	SE OR CONDITION	DIRECTLY	1.1.			ONSET AND DEATH	
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,				art + Ridue	if ~	Z-grav	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
	injury or complication which caused death.)			11	U			
-	ANTECEDENT CAUSES Leveral The					200	0 1190	
RTIFICATION		S OR CONDITIONS,						
AT		THE ABOVE CAUSE (A) YING CONDITION L		HE DUE TO	artistial De	Lacrosia	2-11	
2							712	
E	1204	11		(C)				
ER	TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT	NOT RELAT	ŁD .	M	Du E		
O	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER				ATION	••••	20. AUTOPSY?	
TALL OF CHATION							YES NO	
EDICAL		ENT. SUICIDE.		ACE OF INJURY (e.g., i		f in Baltimore Cit	y, give exact location)	
Ш	HOMICIDE	(Specify)	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?			
Σ		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?		
	F INJURY		m.	WHILE AT NOT WHILE				
	22. I hereby certify that I attended the deceased from illar 1st , 19 7, to Just 7th , 19 54 that I last saw the							
	deccased alive on And 7th, 19 1, and that death occurred at 10 3 Pm., from the eduses and on the date stated at						n the date stated above	
	23A. SIGNA		23c. DATE SIGNED					
	1.	at AL	lee	es. M.D.	36H- talie	14.	13/9/1-/	
2. TI	N. REMOVAC	CREMA- 24B. DATE	1-1	24C. NAME OF CEMETE		OCATION (City, to	wn, or county) (State)	
1	mud,	3/10/	51	St. mary		asterno	e my	
D	ATE RECENE	DEY REGISTRAR	a 11/11	JRE , Q	25. FUNERAL DIRECTO	1	ADDRESS TH	
	MAR 9 -	1951 tunting	你从从	aux, M.	1/2 John	1 1211	I Von	
	VS 150							
1			Control of the Contro				131a	



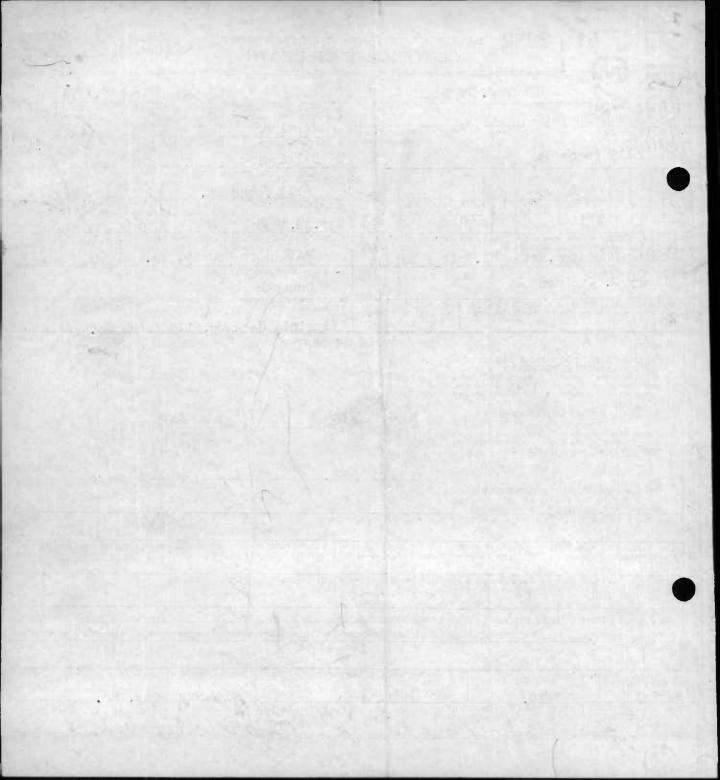
BIL	RTH NO.	51. 225) DAL	CERTIFICAT	E OF DEAT	H Registere	d No	
1.	NAME OF E		P. Mc	BRIDE		2. DATE OF Mai	r.7,1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 3025 Windsor Ave Yrs. Mos. Days					4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission.) Maryland C. CITY OR TOWN (If outside corporate haits, wr. Uial and give township)			
								Baltimore D. STREET ADDRESS (If rural, give location) 2441 Guilford Ave.
						sex nale	6.COLOR OR RACE White	
work	done during most lousewif		108. KIND At h	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF WHAT COU	
		A. Physioc			Martha Johnson			1
(Yes	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.				Robert C. Physioc, 2441 Guilford Ave.			
RTIFICATION	(This doe heart fail in jury or DISEASE RISE TO	SE OR CONDITION LEADING TO DEAT se not mean the mode of ure, asthenia, etc. It mean complication which of ANTECEDENT CAUSE ES OR CONDITIONS, III THE ABOVE CAUSE (A) LYING CONDITION LA	FH dying, e. 1 ns the diseas aused death ES FANY, GIVIN STATING TI	96, 1.) DUE TO (B)	mehopn	eumowa	1 day	7
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			nility			2010	
AL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA			RATION V		20. AUTOF	NO [
MEDICA	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1NJURY OCCUR?							
	F INJURY		m.	WHILE AT NOT WHILE AT WORK		1, to march 7, 1	95/, that I last so	aw th
	deccased of	ilive on March 7	, 1951.	and that death occu	rred at 11:45 pm.	, from the causes and o	n the date stated	above
-	al	raham S.	Hur	M. D. 3	3048 W. W	24D. LOCATION (City, to	much 8,	1951 State)
	4A. BURIAL. ON REMOVAL (Burial	Specify) 3/10/5:		Loudon Park		Baltimore Md		
	ATE RECEIVE OCAL REGIS	ED BY REGISTRAR	SSIGNATI		Vm. Bow		t. Paul Si.	
	VS 150	1331					107	

x 9160 4-01-01

BALTIMORE CITY HEALTH DEPARTMENT

Segistered No. 2252

BI	RTH NO.			CERTIFICATI	E OF DEATH			
1. NAME OF DECEASED (Type or Print) HENRY J. JACKSON					2. DATE OF DEATH March 8,1951			
Α.	PLACE OF DEAT Baltimore City	, Maryland			A. STATE	E (Where deceased lived, I B. COUNTY	f institution; residence pefore admission)	
HO	FULL NAME OF DSPITAL OR STITUTION 3		il or institut	ion, give street address or location)	c. CITY OR TOWN Baltimore	(If outside corporate limit	ts, writh RURAL and give township)	
-	Length of stay			Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 6113 Toone St.			
	Male 1	White	Marr	E. MARRIED. VED, DIVORCED (Specify) 10d	Mar. 30, 1885	last birthday) M	onths Days Hours Min.	
worl	10A. USUAL OCCUPATION (Give kind of the strength of the streng				11. BIRTHPLACE (State Baltimore	county, Md.	12. CITIZEN OF WHAT COUNTRY	
13	Henry J.				14. MOTHER'S MAIDEN NAME Unknown			
15 (Ye	, no or unknown)	EVER IN U. S. ARMED (If yee, give war or duter	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Virginia Jacl	kson, 6113 Toone	ADDRESS	
	18. 3 2	2 × 1	100	CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						2 moche	
ERTIFICATION	DISEASES O RISE TO THE UNDERLYIN	RECEDENT CAUSE OF CONDITIONS, 1 ABOVE CAUSE (A) IG CONDITION LA	F ANY, GIV! STATING T	NG HE DUE TO	lized arte	rivallerais		
ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED							
AL C		19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY?	
EDICA	21A. ACCIDENT HOMICIDE (ACE OF INJURY (e. g., i farm, factory, street, office bldg.,				
Z	FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK							
22. I hereby certify that I attended the deceased from 1-2/-1/, 19, to 5-7-5/, 19, that I last saw the deceased alive on 3-8-5/, 19, and that death occurred at 4:45 Am, from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 23C. DATE SIGNED 23F. SIGNATURE 23C. DATE SIGNED								
								2 TI
D	Burial ATE RECEIVED E	3/10/5 BY REGISTRAR	S SIGNAT	Mountain Vie	25 FUNERAL DYFE	Ellicott Onty,	Md JADDRESS	
=	VS 150	7 11 Fritting	MED LIN	690	3)	J W I OJ	833	



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BALTIMORE CITY HEALTH DEPARTMENT

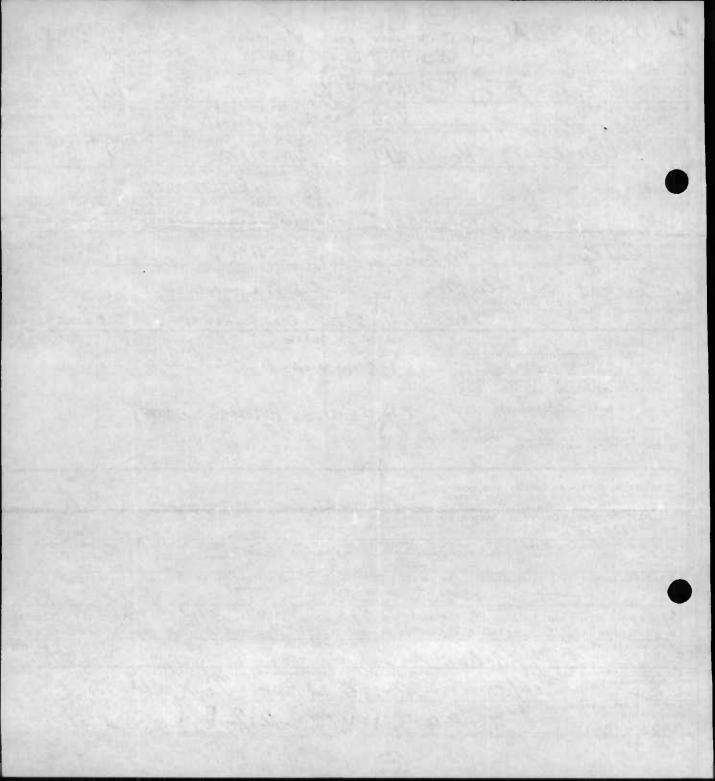
ristered No. 2253

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE Hunie C. Otter OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. STATE A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limbs, write RHRAL and give C. CITY OR TOWN INSTITUTION township) (If rural, give location Yrs. o. STREET ADDRESS Mos ength of stay in Baltimore Days 8. DATE AGE (In years if Under 1 Year 6. COLOR OR RACE 7. SINGLE, MARRIED last birthday) Months Days Hours Min. WIDOWED, DIVORCED Wadowed 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY work doneduring most of working life even if retired) WHAT COUNTRY? TUNDE WITE 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRES 17. INFORMANT (Yes, no or unknown) SECURITY NO 10 INTERVAL BETWEEN 18. CAUSE OF DEATH 22.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) ... FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. H Ü 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION NO U YES (If in Baltimore City, give exact location) 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB. UTING [] CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK WORK 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED 234 SIGNATUR ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-244. DATE TION_REMOVAL (Specify) unial DATE RECEIVED BY LOCAL REGISTRAR VS 151

413 51 2254 BALTIMORE CITY HEALTH DEPARTMENT

51 2254 Registered No.

ВІ	RTH NO.		CERTIFICAT	E OF DEATH	areg.stered	
T)	NAME OF D	. ERNEST	JeHLUF	TER.	2. DATE. OF DEATH	16/51
3. A.	PLACE OF D Baltimore (EATH: City, Maryland		4. USUAL RESIDENCE	(Where deceased lived. I	f institution : residence before admission)
В.			al or institution, give street address of location		U <i>V</i>	in a de liver de la company
IN	STITUTION	UNIVERSIT		BALT7 M	10 outside corporate in	its write RVRAL and give township)
	X		Yrs.	D. STREET ADDRESS (If rural, give location)	
c.	ength of s	tay in Baltimore	Mos. Days	868 W.BA	ALTIMORE"	57
	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (in years last birthday) M	If Under 1 Year If Under 24 Hours lonths: Days Hours: Min.
-	MALE	WHITE	WIDOWED	1/21/69	82	
worl	done during	CUPATION (Give kind of of working life, even if retired)	Clothing	MARYLAN	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S		00 44	14. MOTHER'S MAIDEN	NAME	./
6	LOS KARO	701	hlufter	Clar Know	on	-
(Ye	, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT HERMAN SCA		ADDRESS #4
-	18. // =		CAUSE		RUFIER S	INTERVAL BETWEEN
	74	SE OR CONDITION		OF DEATH		ONSET AND DEATH
		LEADING TO DEA	TH PARCE	MONIA		
	heart failu	re, asthenia, etc. It mea complication which	ins the disease,			
		ANTECEDENT CAUS	SES O-1-	PALIZED APTERIO	ACCIFEREIG	
Z	DISEASE	S OR CONDITIONS, I	(B)//	CANICED TICIERIO	22 (YESTOP 12	
TION	RISE TO T	HE ABOVE CAUSE (A)	STATING THE DUE TO			
ICA			(C)			
RTIFI	OZUED 6	11				
l lul	TRIBUTING	SIGNIFICANT CONDI TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED			
U			98. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
CAL	N	ONE				YES NO
MEDIC		PENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF INJURY (e. g., about home, farm, factory, atreet, office bldg		(If in Baltimore City,	give exact location)
1	21D. TIME	(Month) (Day) (Year)			RY OCCUR?	
			m. WHILE AT NOT WHILE			
	22. I hereb	y certify that I att	tended the deceased from 3	/3 , 1957 , to		, that I last saw the
		live on 3/6	1951. and that death occu	erred at 415 Pm., from	the causes and on	
	23A. SIGNA	TURE 7	trahan M.O.	WWIVERSITY	Hosp.	23c. DATE SIGNED
2.	A. BURIAL.	CREWA- 24B. DATE	24C. NAME OF CEMET		LOCATION (City, tow	n, or county) (State)
TT.	NAME OF THE PARTY	al 3/10/	51 More	Cand Park .	ParKville	mld.
	ATE RECEIVE		S SIGNATURE	25. FUNERAL DIRECTOR	RCIO	ADDRESS
	MAR 9 - 1	11/3 19/30	ater / Hudgus Mak	4 - Cool Suc	1217 St. B	ul st.
	VS 150					97



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) wachiw OF alricia DEATH 3. PLACE OF DEATH A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF \ c (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) (If outside corporate limits, wate RURAL and give INSTITUTION township) 1mapa Yrs. (If rural, give location) D. STREET ADDRESS Mos. ength of stay in Baltimore ark Days 110-300 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours Min. representation IOA. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY laruland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ellam 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. li. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION CAL NO 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERō about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH

21D. TIME (Month) (Day) (Year) (Hour)

assurite BURIAL, CREMA-1 246, DATE 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

FINJURY

NOT WHILE!

22. I hereby certify that I attended the deceased from deceased alive on____

195 and that death occurred at 53 234 SIGNATURE

23B. ADDRESS

24g. NAME OF CEMETERY OR SREMATORY

DATE RECEIVED BY REGISTRAR'S SIGNATURE

Many UNERAL DIRECTOR

248 LOCATION (City, town, or county)

A_m., from the causes and on the date stated above.

ADDRESS

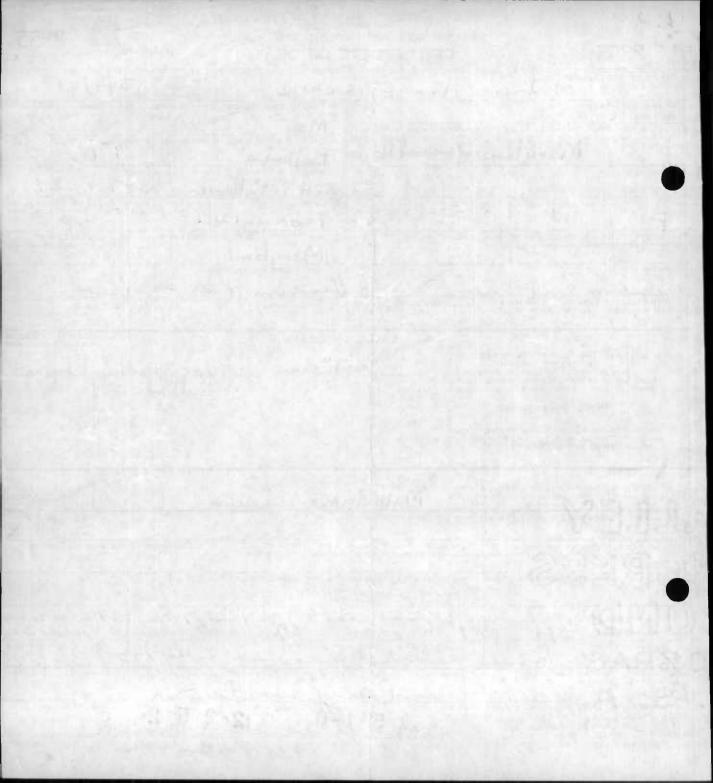
. 19 . Ahat I last saw the

LOCAL REGISTRAR

23c. DATE SIGNED

VS 150

TION, REMOVAL (Specify)



2256

01 4600	CEDTIFICAT	E OF DEATH	Registered No	
BIRTH NO.	CERTIFICAT	E OF DEATH	1008.500104 110	
1. NAME OF DECEASED (Type or Print)	DENE		2. DATE OF 2	- 5-1
3. PLACE OF DEATH:		4. USUAL RESIDENCE (V		stitution : residence
B. FULL NAME OF (If not in hospital or instit		A. STATE	B. COUNTY	before admission
HOSPITAL OR INSTITUTION	location)	c. CITY OR TOWN (If	outside corporate limits	write KURAL and give
1354 RICHARD	SON St.	BAHTIMOR	rural, give location)	
c. Length of stay in Baltimore	Mos. Days		TKOSON ST	
5. SEX 6. COLOR OR RACE 7. SING	LE. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years HUm	nder 1 Year If Under 24 Hours
NUN	DOWED (Specify)	1891	60	hs Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work dooe during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 1	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		BALTIMIA 14. MOTHER'S MAIDEN N	?E	YES
		14. MOTHER'S MAIDEN N		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	I6. SOCIAL	17. INFORMANT	+ WHITE	DRESS
(Yes, oc or uokoowo) (If yes, give war or dates of service)	VNKNOWN	MARY REN	IES 1354 KI	LHSON St
18. 420.0	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	(',	1 1 4 1		
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise	g., (A)	about 17 tourship	X -	
injury or complication which caused dea	th.) DUE TO			
ANTECEDENT CAUSES	(B) Q-	ling chiti H.	ent Dring.	
DISEASES OR CONDITIONS, IF ANY, GIV	ING			• • • • • • • • • • • • • • • • • • • •
UNDERLYING CONDITION LAST,	(c)	mulial arla	is along	
		- 0		
OTHER SIGNIFICANT CONDITIONS CO	ON- TED			
O TO THE DISEASE OR CONDITION CAUSING	R FINDINGS OF OPER	PATION		20. AUTOPSY?
The state of the s	K TINDINGS OF OPEN			YES NO
I = 1 21A. ACCIDENT WAS UNDER. 1 210. F	ACE OF INJURY (e. g., i e, farm, factory, street, office bldg.,	o or 21C. WHERE DID (1 obc.) INJURY OCCUR?	f in Baltimore City, giv	e exact location)
D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR		OCCUR?	
m.	WHILE AT NOT WHILE AT WORK	<u> </u>	, ,	
22. I hereby certify that I attended th			3/6/,195;	
deceased alive on 3/6/, 19//		rred at ?: L. P. m., from t.		date stated above
N. P. Frida	, M. D.	1219 Laur.	. P.2	3/8/5/
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATOR 24D. L	OCATION (City, town, or	county) (State)
BURIAL 3-10-51	GLEN HA	VEN A.	R. Con	

FREEDMAN

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF KNOFSKI DEATH 3-7-51 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland BALTIMORE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION ALTIMORIA ADDRESS (If rural, Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore ANORE ST. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) WIDOW 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO. 18. CAUSE OF DEA 20.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arterio sclerotic heart disease 7 mos (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES (B) generalized arterio sclerosis RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 218. PLACE OF INJURY (e. g., in or) (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID about home, form, factory, etreet, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY 3/7/51, 19 , that I last saw the 22. I hereby certify that I attended the deceased from 8/2/50 . 19___, to____ 3/6/5119 P.m., from the causes and on the date stated above. deceased alive on__ ____ and that death occurred at___ 23A SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 1226 Hanover St. 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL. CREMA-24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) BURLAND TO THE PROPERTY OF THE REGISTRAR'S SIGNATURE

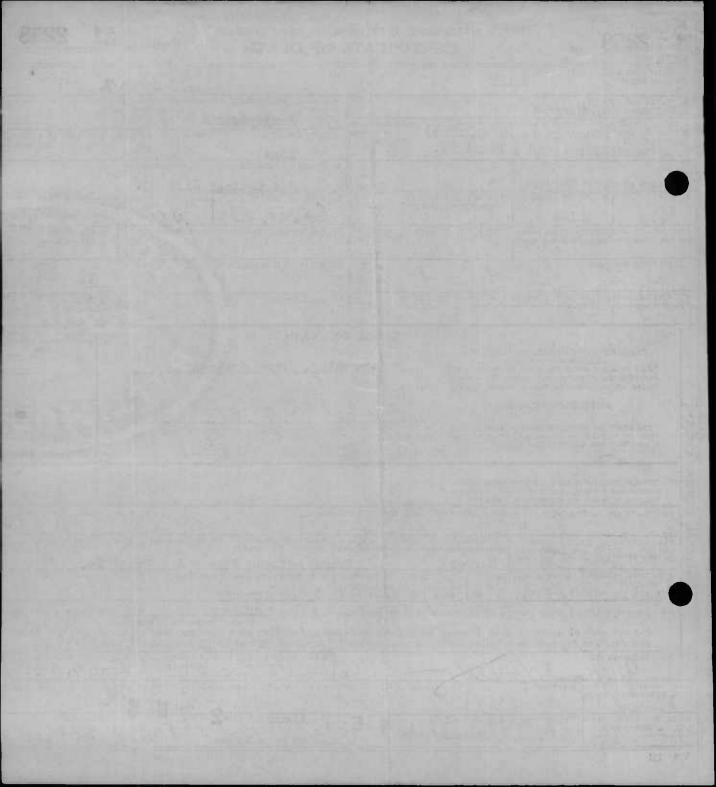
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

ristered No. 1 2258

NAME OF DECEASED 2. DATE MIMNERT (Type or Print) RALPH DEATHMarch 7, 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF If not in hospital or institution, give street address or HOSPITAL OR Found in water (harbor) location) Pennsylvania (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION between Pier 4 and 5 Pratt St. D. STREET ADDRESS (If rural, give location) Yrs. Mos. ngth of stay in Baltimore 3/3 Cottege Hill Rd. Days 8. DATE OF BIRTH 6. COLOR OF RACE SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | H Under 1 Year | H Under 24 Hours last birthday) | Months Days | Hours | Min. If Under 24 Hours 29 White Feb. 18, 1923 Male 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Drowning, found drowned (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20 AUTOFSY CAL 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or) 21A. EXTERNAL CAUSE WAS UNDERLYING M OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH Harber Found between Pier 4 & 5 Pratt St. 21F, HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY ound March Found drowned WORK 22. I certify that I took charge of the remains described above, held an Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural eauses [], accident [] suicide [], homicide [], undetermined []. 23B. CHIEF MEDICAL EXAMINER..... 23A. SIGNATURE 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER March 9, 1951 MEDICAL INVESTIGATOR 24A. BURIAL, CREMA 24C. NAME OF CEMETERY, OR CREMATORY 240. LOCATION (City, town, of county) 24B DATE TION, BEMOVAL (Specify) Jurial DATE RECEIVED BY ADDRESS REGISTRAR, S SIGNATURE LOCAL REGISTRAR 0 V S

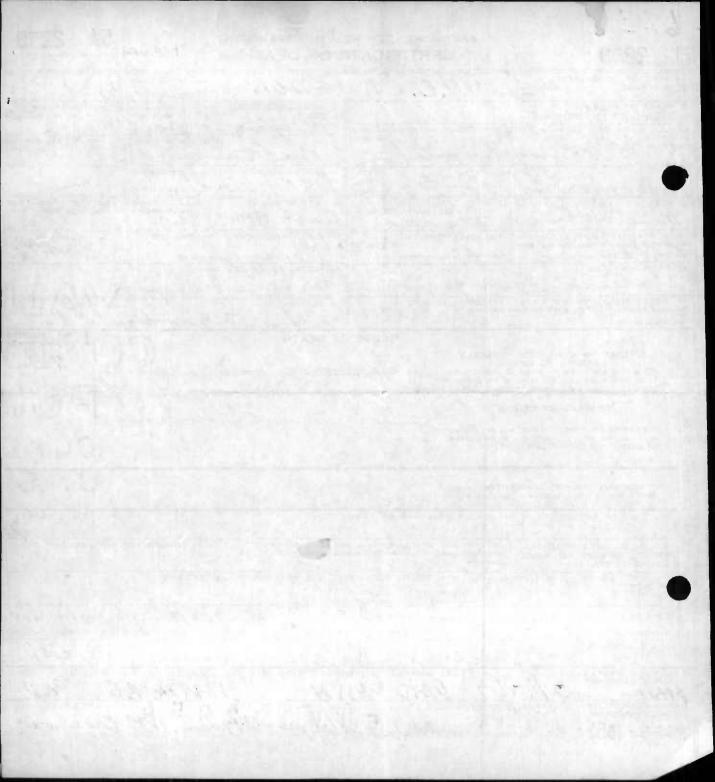


DATE RECEIVED BY REGISTRAR'S SIGNATURE

125. FUNERAL DIRECTOR 25

ADDRESS

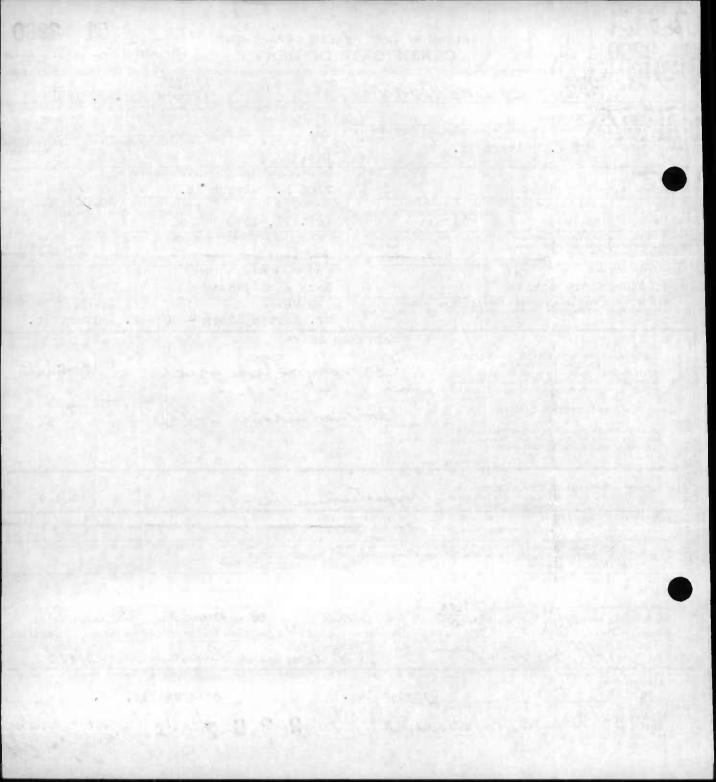
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

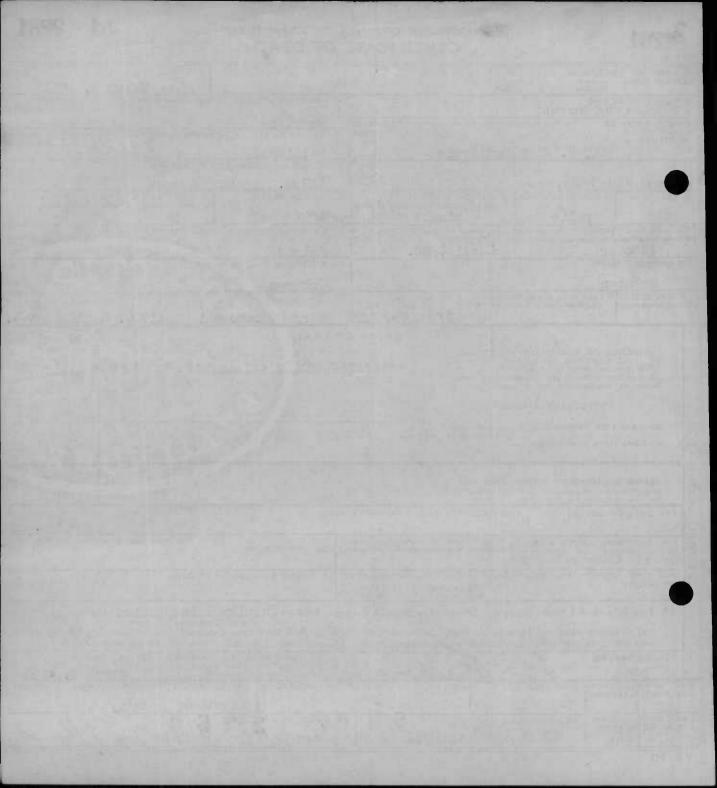
51. 2260

В	IRTH NO.				- O. DEMINI			
	NAME OF D		WSH	ERMAN		2. DATE OF DEATH Mar	. 8. 1951	
B. H		City, Maryland	al or institut	ion, give street address or location)	A. STATE Md. c. CITY OR TOWN Baltimore	CE (Where deceased lived. 8. COUNTY		
c. Fength of stay in Baltimore Mos. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.					3509 N. Cal		If Under 1 Year If Under 24 Hours	
	emale white widowed (Specify				Oct. 31, 18	70 last birthday) 1	Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kied of work done during most of work ling life, evec if retired) HOUSEWITE 10B. KIND OF BUSINESS OR INDUSTRY					Maryland	te or foreign country)	12. CITIZEN OF WHAT COUNTRY	
13	B. FATHER'S	NAME			14. MOTHER'S MAIDEN NAME			
16		Emory Childs			Mary Jane Causey			
(16	m, no or uokoowo)	ED EVER IN U.S. ARMED (If yes, give war or date	of service)	SECURITY NO.	Mr. Morton	Allen - 3509 N.	Calvert St.	
ERTIFICATION	DISEASE: RISE TO T UNDERLY OTHER S TRIBUTING	in not mean the mode of the complication which complication	ns the diseas aused death SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B) (C) (C)	nary Ilros rio oclaratio	. CY-V-D	3.	
U		ISEASE OR CONDITION						
CAL	19A, DATE C	OF OPERATION 0 1		FINDINGS OF OPER			YES NO NO	
MEDI	LYING OI CAUSE OF		about home, (ACE OF INJURY (e. g., ic arm, factory, street, office bldg., e	oor 21c. WHERE DID		, give exact location)	
	F INJURY	(Month) (Day) (Year)	_	VHILE AT NOT WHILE		NJURY OCCUR?		
	22. I hereb deceased a	TURE	ended the	deceased from Gand that death occur	ril 1946	to Mer 8, 195 rom the causes and on	51., that I last saw the the date stated above. 23c. PATE SIGNED	
2	4A. BURIAL (S ON REMOVAL (S Buria	CREMA- 24B. DATE		M.D. 24C. NAME OF CEMETER JOSSUPS COM	RY OR CREMATORY 2	Cockeysville.		
	ATE RECEIVE		S SIGNATU		25 FUNERAL DIRECT	Biokener Vx	JADDRESS Ballo	
	VS 150	. 4) :		1		O & IMA	



BALTIMORE CITY HEALTH DEPARTMENT 51 2261 CERTIFICATE OF DEATH Registered No.

ВІ	RTH NO.			CERTIFICA	IL	OF DEAT	Н	Registere	u 110	
	NAME OF D	ECEASED					2	2. DATE		
(T	'ype or Print)	EMIL PAKI	JLA					DEATH Ma	rch 8. 19	951
	PLACE OF D	City, Maryland				4. USUAL RESIDE	ENCE (When	re deceased lived	. If institution:	residence re admission)
В.	FULL NAME	OF 'f not in hospit	al or institut	ion, give street addres		Maryland		B. COOI411	Deroi	e admission)
HO	SPITAL OR			locat	ion)	CITY OR TOWN	(If out	side corporate l	mits, write RUI	
	(A)	147 N. High	Land Av	enue		Baltimore	9	L	2-44	township)
				STREET ADDRE	ESS (If rur	al, give location)			
-0	ngth of s	stay in Baltimore		os.	147 N. Hi	ghland	Avenue			
5.	SEX	6. COLOR OR RACE		. DATE OF BIRTH		. AGE (In years	Months: Days	if Under 24 Hours		
	male white widowed, Divorced (Specify single					1894		56	and and a bays	itours min.
10A. USUAL OCCUPATION (Givekindof 10B, KIND OF BUSINESS OR work done during most of working life, even if retired) Cannery INDUSTRY						1. BIRTHPLACE (S	State or foreig	gn country)	12. CITIZE	N OF COUNTRY?
	labor		Lesl	ie, Md.		Poland			WILAT	COUNTRY
13	FATHER'S	NAME			1	4. MOTHER'S MA	IDEN NAMI	E		
	Unkno	MU				Unknown				
15 /Ya	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	1	7. INFORMANT			ADDRESS	
(-, 21. 02 6424011)	(** 500) 8.10 1/42 02 4400	V1 501 1100)	213-14-17	28	Mary Benc	zkowski	147	N. Highla	and Ave.
	18. 477	- 1		CALIS	FO	DEATH	3.20 (1022)			AL BETWEEN
	/	SE OR CONDITION	DIRECTIV	OAGE		DEATH			DNSET	AND DEATH
		LEADING TO DEA	TH	Arte	rios	clerotic ca	ardi ova	scular di	56256	
	heart failt	ure, asthenia, etc. It mea	ns the diseas	se,				~.~		
	injury or	complication which	aused deatr	i.) DUE TO					0.0	
		ANTECEDENT CAUS	SES							
Z	DISEASE	S OR CONDITIONS, 1	F ANY, GIVIN		**********	*****************************	***************	***********************		***********
Ĕ	UNDERL.	THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH							
RTIFICATION				(C)		***************************************				
E	OTHER	SIGNIFICANT CONDI	TIONS COL	.t						
2	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D						
CE		OF OPERATION 1		FINDINGS OF O	PERAT	ION			20 AI	UTOPSY?
									YES	ND X
EDICAL		NAL CAUSE WAS		CE OF INJURY (e.				Baltimore Cit	y, give exact lo	
		G OR CONTRIB-	about home, i	arm, factory, street, office bl	dg.,etc.)	INJURY OCCUP	R7			
ME		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCU	RRED	21F. HOW DID	INJURY O	CCUR?		
	F INJURY		1	WHILE AT NOT WH	TLE					
	22 1 agesti:	for that I took along	m.	WORK LJ AT WO		1-12 Tnc	1112 Verr 2.	Transati	27	7 (
		fy that I took char				A	lutopsy, Insp	ection or Inqui	ry	
	the evi	idence obtained by	said Auto	psy, Inspection of	r Inq	uiry, find that	said decce	used died on	the day sta	ted above,
	23A. SIGNA	ath in my opinion	resureu j	10m. nacarat cat	368	23B. CHIEF ME			23c. DATE SI	
			1-	anlans	M.D.	ASSISTANT ME	DICAL EXA	MINER	March 9.	1951
	A. BURIAL.			24c. NAME DE CEME	_	OR CREMATORY		TION (City, to		(State)
TIC	on, removat (s Burial	3-12-51		Holy Rosary			Raltim	nore Coun	tar Md	
DA	TE RECEIVE				12	NERAL DIM		110	ADDRESS-	`
	DO - 105	RAR I	- 1/19 .	LULL HE	1	Viencos	Q 6. /A	lover 7	n= 8/8.	and the
14		A MANNEN	1,1,1000	The little	+	racon (in un	13000 /	10 10 cm	wi Au
V	S 151	80		6	771	42			930	0/
				7	10	10			1-/	



Registered No CERTIFICATE OF DEATH 2. DATE March 7, 1951 1. NAME OF DECEASED (Type or Print) JACOBS HOWARD E. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE Maryland B. COUNTY before admission) B. FULL NAME OF if not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RIRAL and give C. CITY OR TOWN INSTITUTION township) Johns Hopkins Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. 3201 Lyndale Ave. ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | Months; Days | Hours; Min. If Under 24 Hours Male White 10A, USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) 13. FATHER'S NAME INDUSTRY WHAT COUNTRY? d. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO NTERVAL BETWEEN CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Acute barbiturate poisoning (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAL 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR? UNDERLYING IX OR CONTRIB. UTING | CAUSE OF DEATH Found Laurel Cemetary-2400 block Belair

21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT Ingestion of barbiturate capsules 1951 WORK AT WORK

Autonsv 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \square , suicide $\square X$ homicide \square , undetermined \square . 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED

ASSISTANT MEDICAL EXAMINER. M.D. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE

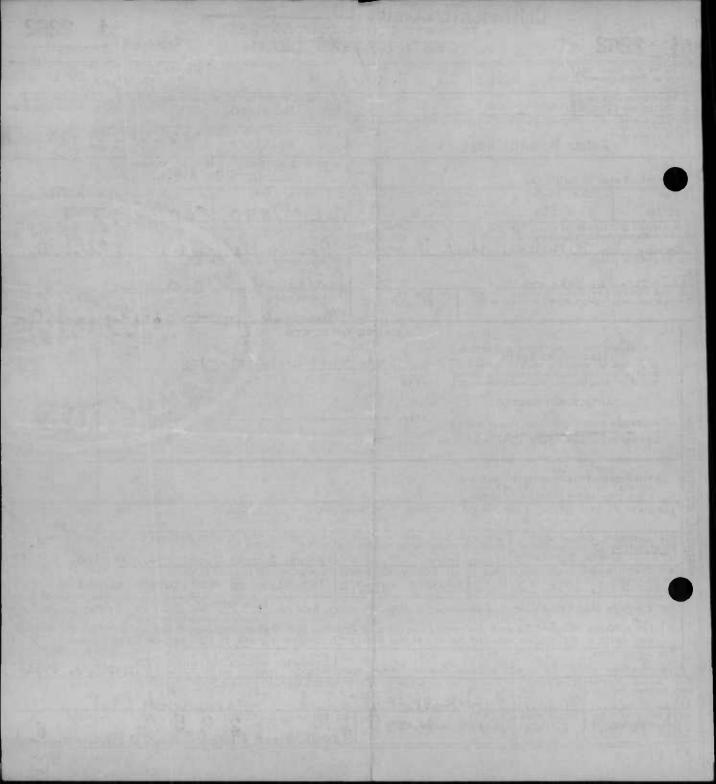
LOCAL REGISTRA with a fer 151

DATE RECEIVED BY

FINERAL DIRECTOR

ADDRESS

REGISTRAR'S SIGNATURE

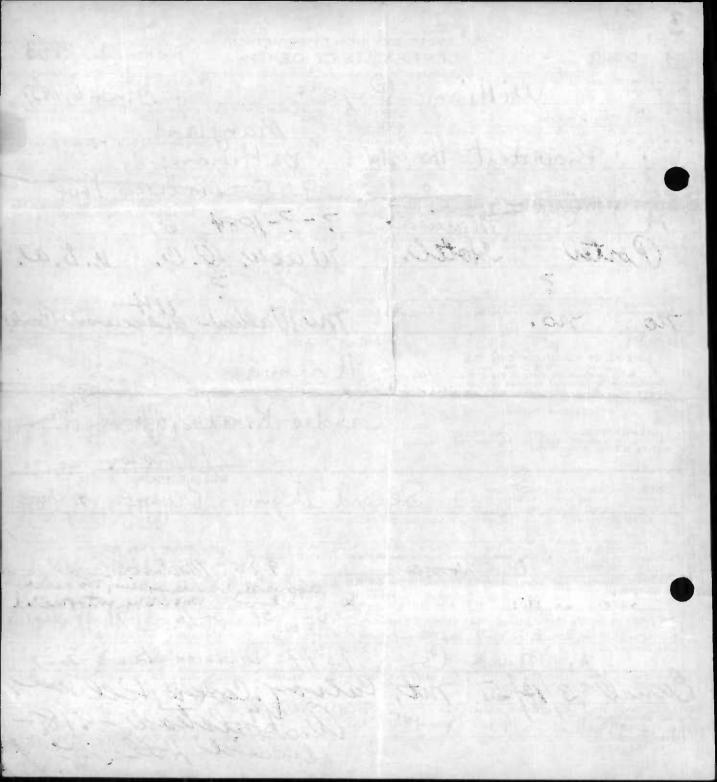


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

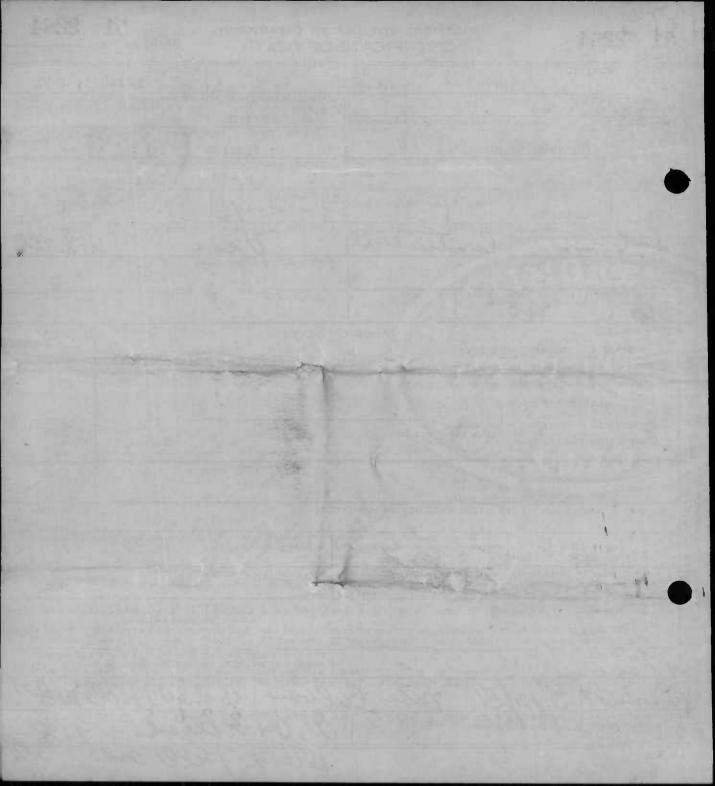
Registered Not 2263

B	IRTH NO.						
(T	NAME OF DEC	u	sillia.	m Pa	92.	OF DEATH Man	ch 6,195%
B.	PLACE OF DEA Baltimore Cit FULL NAME OF OSPITAL OR	y, Maryland (If not in hosp	ital or institution,	give street address or location)	A. STATE May	(Where deceased lived. If B. COUNTY Y Q no (I outside corporate limits	before admission)
C.	Length of sta	Ynouce v in Baltimore	dent 1	Yrs. Mos. Days		more (If rural, give location) Mad 130n	Aue Aue
	M	COLOR OR RAC	MIDOWED.	ARRIED, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) Mo	Under Year If Under 24 Hours If Under 24 Hours Min.
	done during neet of w	PATION (Give kind of the life, lven if retire	1 Stote	INDUSTRY		10.C.	WHAP COUNTRY?
15 (Ye	5. WAS DECEASED	EVER IN U. S. ARM	ED FORCES? 16	S. SOCIAL SECURITY NO.	TINFORMANT WILLIAMS	ev- Bodge	DDRESS Road
	(This does no heart failure,	OR CONDITION EADING TO DE. of mean the mode asthenia, etc. It m mplication which	ATH of dying, e.g., eans the disease,	CAUSE (A)	OF DEATH Unemia		INTERVAL BETWEEN ONSET AND DEATH
ICATION	DISEASES C	RECEDENT CAU	JSES IF ANY, GIVING 1) STATING THE	(B)	indio-Ren	Extraction of the second	Red By M. D.
L CERTIF	TRIBUTING T	NIFICANT CONE O THE DEATH, BUT ASE OR CONDITION	NOT RELATED	Se con	d Degnee	MERORASST. MEDICAL E	XAM NER. // days
MEDICAL	LYING OR C	IT WAS UNDER CONTRIBUTING ATH	about home, farm,		etc.) INJURY OCCUR? 9 2 3 ED 21F. HOW DID INJU	0 1 1	q too near
	deceased aliv	e on 3-6	ttended the dec	eased from 2 -	-26-196, to- rred at 4 2 pm., from	3-6-1, 197 m the causes and on the	that I last saw the ne date stated above. 23c. BATE SIGNED 3-7-57
	BURIAL, CR. REMOVAL (Sp.	BY REGISTRA	5/ 5/ 7	nt. Ca	25 ONERAL TARES	LOCATION (City, town	ADD SES
H	VS 150	n winder	ator Willia		W. asta	While	-418 -
				130	do lo		15/0



BALTIMORE CITY HEALTH DEPARTMENT 51. 2264 CERTIFICATE OF DEATH Registered No.

В	BIRTH NO.							
	NAME OF DEC		ARTIN	WOODWA	RD	2. DATE OF DEATH MA	rch 5, 1951	
	. PLACE OF DEA Baltimore Cit	TH:	3.0 V. do . do . 4 V		4. USUAL RESIDE	ENCE (Where deceased lived. B. COUNTY		
H	FULL NAME OF OSPITAL OR ISTITUTION			ion, give street address or location)	c. CITY OR TOWN	(If outside corporate la	nits, write RURAL and give	
	M.	University	Hospi			imore		
				Yrs. Mos.		ESS (If rural, give location)		
		y in Baltimore	7 SINGL	Days		Druid Hill Avenu	If Under 24 Hours	
	Male	Colored		E. MARRIED. VED DIVORCED (Specify)	フーフー	96 last birthday) 55	Months Days Hours Min.	
wor	k doneduring met of	JPATION (Give kind of corking life even if retired)	TOBOKINE	OF BUSINESSOR INTUSTRY	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF COUNTRY	
13	3. FATHER'S NA	ME 2			14. MOTHER'S MA	IDEN NAME		
15 (Ye	5. WAS DECEASED 58, no or unknown)	EVER IN U. S. ARMEI	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	(This does not heart failure	OR CONDITION LEADING TO DEA tot mean the mode of asthenia, etc. It mes complication which	TH of dying, e. ons the diseas	g., (A) Hyper	OF DEATH tensive card	iovascular disea	INTERVAL BETWEEN ONSET AND DEATH	
	A	NTECEDENT CAUS	SES					
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
RTIFICATION	(C)							
S	19A. DATE OF	CREPATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?	
	ISA. DATE OF	OPERATION 1	JB. MAJOR	THE MOS OF OFER	A11014		YES NO X	
EDICAL	UNDERLYING	L CAUSE WAS OR CONTRIB-		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e				
Σ	210. TIME (M	onth) (Day) (Year)		21E. INJURY OCCURRI	2 IF. HOW DID	INJURY OCCUR?		
	the cvide	nee obtained by h in my opinion	said Auto	psy, Inspection or I	nquiry, find that \(\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{\B	Aspection & Inqui Autopsy, Inspection or Inquir- said deceased died on suicide , homicide ,	the day stated above.	
_	Hou	ley 18. A	Yun		D. MEDICAL INVE	EDICAL EXAMINER A	March 6, 1951	
L	vience	3/12	151	TWO CEMETS	alvay	Codow He	el poo!	
LC	ATE RECEIVED	BY REGISTRAT	SIGNATU	选业,/沙· 5	25. HUNERAL PHA	ellest	- 918 -	
V	S 151			970	Jefellend	1 Hell a	10.93)	

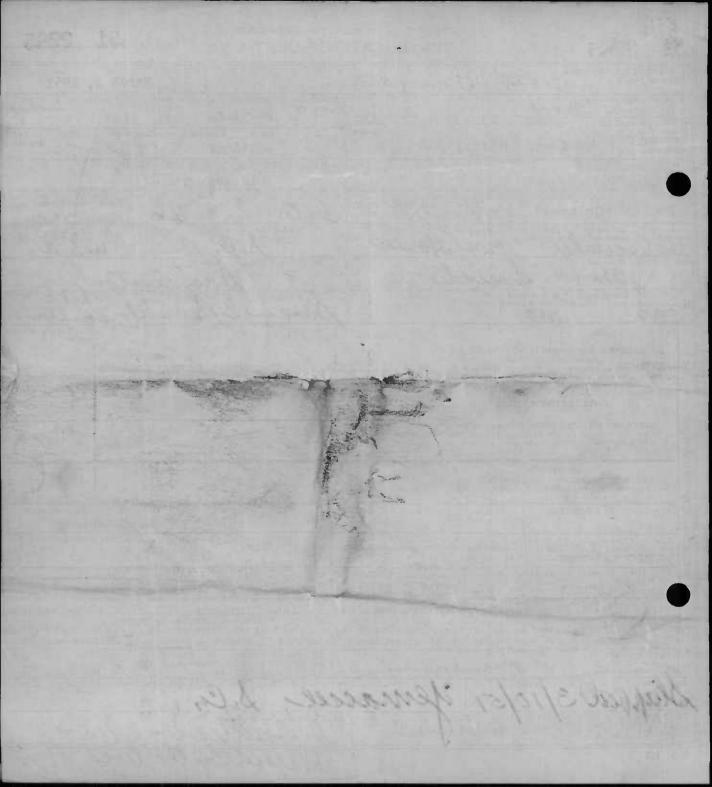


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51		90	100	-
BIRTH	N	5 6	135)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2255

BI	RTH NO.								
1. (T)	NAME OF D ype or Print)	ECEASED HELEN	VICTORIAS BENNETT		of March 4	, 1951			
Α.		City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If insti B. COUNTY	itution: residence before admission)			
HC	FULL NAME OSPITAL OR STITUTION	Provident Hosp	institution, give street address or location)	c. CITY OR TOWN (If a Baltimor	outside corporate limits, wi	rite NRAL and give township)			
-		TTOVIAGNO MOSP	Yrs.						
	ength of s	tay in Baltimore	Mos. Days	1618 Rux					
٥.	SEX Female	6. COLOR OR RACE 7.	SINGLE, MARRIED, WIDOWED, DIVOR ED (Specify)	8. DATE OF BIRTH		Days Hours Min.			
10 work	A. USUAL OC	of working (fe, eyen if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country) 12.	CITIZEN OF WHAT COUNTRY?			
13	FATHER'S N		itle	14. MOTHER'S MAIDEN NA	shington	J.			
15 (Yes	. WAS DECEASE , no or unknown)	ED EVER IN U. S. ARMED FOR	RCES? 16. SOCIAL security NO.	17. HEORMANT Samuel	Burett - A	618-			
	18. F. 9	983X.	CAUSE	OF DEATH		INTERVAL BETWEEN			
	DISEAS	SE OR CONDITION DIR			(1 V R)	ONSET AND DEATH			
	(This does heart failu	LEADING TO DEATH a not mean the mode of dy are, asthenia, etc. It means the	ing, e.g., (A) Asphy	xia due to manual	strangulation				
		complication which cause							
		ANTECEDENT CAUSES	(2)						
Z O	DISEASES	S OR CONDITIONS, IF AN	Y, GIVING	•••••••••••••••••••••••••••••••••••••••					
ATI	UNDERLY	YING CONDITION LAST.	(C)			•••••			
FIC		11							
CERTIFICATION	TRIBUTING	IGNIFICANT CONDITIONS TO THE DEATH, BUT NOT	RELATED						
S		F OPERATION 198.	MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY7			
1						YES X NO			
EDICAL	21A. EXTERNUNDERLYING	NAL CAUSE WAS G A OR CONTRIB- AUSE OF DEATH.	1B. PLACE OF INJURY (e. g., in at home, farm, factory, street, office bldg., e	to.) INJURY OCCUR?	in Baltimore City, give	exact location)			
Σ.	21D. TIME (Month) (Day) (Year) (Hou			occur?				
	March A	4, 1951 1	m. WHILE AT NOT WHILE	Stranguled by p	erson unknown				
	22. I certij	y that I took charge of	of the remains described a	bove, held an Autops	sy tl	hereon and from			
	the evi	dence obtained by said ath in my opinion rest	d Autopsy, Inspection or I ulted from: natural causes	nguiry, find that said dec	nspection or Inquiry seased died on the d , <u>homicide</u> X unde	ay stated above, termined \square .			
	234 SIGNAT	le 18 de	enlacher M	238. CHIEF MEDICAL E. ASSISTANT MEDICAL E. D. MEDICAL INVESTIGATO	XAMINERX	ch 8. 1951			
TIP Co	A PURIAL CALLINATION OF THE PURIAL CALLINATI	REVA 248, DATE DECEMBER 3 10 5		RY OR CREMATORY 24D. LO					
DA LO	TE RECEIVED	RAR FINANCE		15 WHERAYDIRECTOR	ad- 9/	DRESS			
V	S 151	-991X	V	Dreid J.	tell are	3-1/			
		1111		100	16 4				



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54 99	00	BALTIM		EALTH DEPARTMENT	Registered No	2266
BIRTH NO.	66 51-0513	TO CE	RIIFICAT	E OF DEATH	negistered No	
1. NAME OF D (Type or Print)	DECEASED July	wood	Jones,	1	OF DEATH MAN	4 9 1951
3. PLACE OF D	City, Maryland	althous	mol	4. USUAL RESIDENCE IV	Where deceased lived. If in B. COUNTY	stitution : residence before admission)
B. FULL NAME HOSPITAL OR			ive street address or		trun ST	- to 100000 /
INSTITUTION	310 Hot	from S	+ w.	C. CITY OR TOWN	outside corporate limits	white KO for a and give
	V.		Yrs.	D. STREET ADDRESS (II	tural, give location)	
	stay in Baltimore		Mos. Days		un St W	•
may	6. COLOR OR RACE	Dinte	RRIED, DIVORCED (Specify)	March 8 1951		the Days Hours Min.
	CCUPATION (Give kied of of working life, even if retired)		BUSINESS OR INDUSTRY	Mungh	oreign country) 1	2. CITIZEN OF WHAT COUNTRY
13. FATHER S	NAME	16.		14. MOTHER'S MAIDEN N	AME	
AE WAS DECEAS	Ymu	oralm	1001	omue o	ley price	
(Yes, no or unknown)	ED EVER IN U. S. ARME (If yes, give war or date	n of mervice)	SOCIAL SECURITY NO.	My Jour Jour	B/0 H	Humsy
18. 7	610		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION LEADING TO DEA		Suff	ochun	-	
heart fail	s not mean the mode ure, asthenia, etc. It me complication which	ans the disease,	DUE TO THE	long hyoge m	int me	
injury or	ANTECEDENT CAU		Tak	mal		
Z			(B)	- t t		
RISE TO	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L	STATING THE	DUE TO			
V OTHER	11		(C)			
	SIGNIFICANT COND G TO THE DEATH, BUT			D _{ab}		
U TO THE I	DISEASE OR CONDITION	CAUSING IT.	DINGS OF OPER			20. AUTOPSY?
AL	or enamon	35. MA3011 1 111	511100 01 01 21			YES NO
HOMICIDE	ENT. SUICIDE. (Specify)		OF INJURY (c. g., ctory, street, office bldg.,		If in Baltimore City, gi	ve exact location)
21b. TIME F INJURY	(Month) (Day) (Year	(Hour) 21E.	INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
THE STATE OF THE S		m. WHILE	AT NOT WHILE			
22. I herel	by certify that I at	tended the dece	eased from MA	11 2 1957, to M rred at 513 Am., from t	Mary 9 , 195/,	that I last saw the
deceased a	live on My	195/_ and	that death occu	rred at 5 Am., from t	the causes and on the	ate stated above
23A, SIGNA	NO. K	town	M. D.	132 mul	slew SX	nunch 9
JON. REMOVAL	Specify 2/10	1/51 240	NAME OF CEMETE	MUNICIPE (4)	OCATION (City, townso	County) (State)
DATE RECEIVE	D BY REGISTRAR	SISIGNATURE	Major 5	25 TUNERAL MRECTOR	3/10/1	ADDRESS / 8
MAR 9 - 1				W. SITUL	1 (a)	2 0 1/00
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Burial Spayer met. Culing Concertice red.

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4	1 0000	TE OF DEATH Registered No	2257
BI	CERTIFICA	TE OF DEATH Registered No	
	NAME OF DECEASED upe or Print)	2. DATE.	1
	Mangar El Khell	OF DEATH MAI	rch 8,195
	Baltimore City, Maryland Baltimore Comp	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY	stitution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street address location		nora
IN	STITUTION	c. CITY OR TOWN (If outside corporate limits,	write RURAL and give
	st. Agnes Hospital	D. STREET ADDRESS (If rural, give location)	7 0.0
	Mos	12.1 10.1	2 1 6 10
5.	Zength of stay in Baltimore Day SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9, AGE (In years) Hu	der 1 Year If Under 24 Hours
1/	WIDOWED, DIVORCED (Specif		hs Days Hours Min.
10	LUSUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF
work	dooe during most of working life even if retired)	Y	WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U. S.A.
	Pote X . I	9m 7 2 4	
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17, INFORMANT ADD	DRESS
(10	no or unknown) (If yea, give war or dates of service) SECURITY NO.		
	18. 422. / . CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
	(This does not mean the mode of dying, e.g.,	nolyi artensalem	1-26-51
	heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO		
	ANTECEDENT CAUSES	V.D. Emanitai,	200
z	(B) C(V.D. Emanstoi)	3-8-51
OIT	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
Y.	UNDERLYING CONDITION LAST.	cclepia	
ī			
RT	OTHER SIGNIFICANT CONDITIONS CON-		
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
L	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
V	Late DIAGE OF INJURY (t alote Wilson Dip. (W. b. P. W.	YES NO
EDI	218. PLACE OF INJURY (e. g. LYING OR CONTRIBUTING DOUB home, farm, factory, street, office bldg		e exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?	

WHILE AT

WORK

22. I hereby certify that I attended the deceased from. deceased alive on 3 - 8 1951, and that death occurred at &

3-14-51

23B. ADDRESS

1951 to. 3-8 , 1951, that I last saw the a.m., from the causes and on the date stated above.

CATION (City, town, or county)

23A. SIGNATUR 24A. BURIAL, CREMA-

24c. NAME OF CEMETERY OR CREMATORY

23c. DATE SIGNED

(State)

Buca DATE RECEIVED BY

REGISTRAR'S SIGNATURE

EUNERAL DIRECTOR

LOCAL REGISTRAR

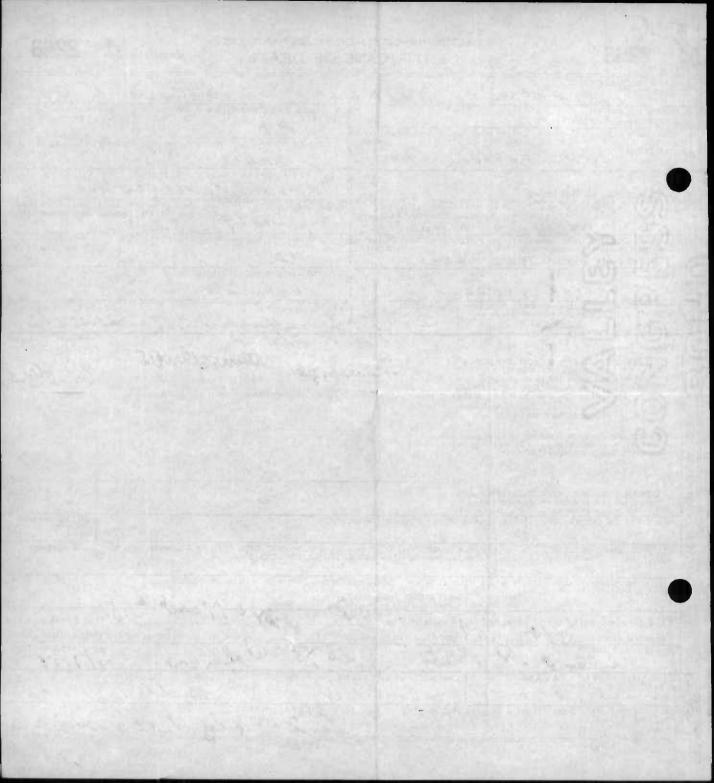
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March 19 March 9 191 Loal Your Short white william

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 2258

BI	RTH NO.			CERTIFICAT	E OF DEATE	1	
1. (T	NAME OF D ype or Print)		UST	YIEN	GER	2. OATE OF DEATH 3 -	6-51
Α.		City, Maryland			A. STATE	NCE (Where deceased lived, If B. COUNTY	institution: residence before admission)
HO	FULL NAME SPITAL OR STITUTION	OF (If not in hospit		location		(If outside co-porate limit	township)
0	0	2522 FI	KEDER			TO. Low	
C.	Length of s	tay in Baltimore		Yrs. Mos. Days	2-22	FREDERICK	AVE.
5.	SEX	6.COLOR OR RACE	WIDOW	E. MARRIED. ED, DIVORCED (Specif	8. OATE OF BIRTH	1 1 - 4 1 1 - 41 - 3	f Under 1 Year If Under 24 Hours nths Days Hours Min.
10 work	done during most	CUPATION (Give kind of of working life, even if retired)	108. KINO	INDUSTR	11. BIRTHPLACE (St	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	, FATHER'S I	KSHITH. R	ET.	SELE	14. MOTHER'S MAI	DEN NAME	
13		ANTONE Y	10	<i>E 0</i>	UN KN		
15 (Yes	. WAS DECEAS	ED EVER IN U. S. ARMEI	P FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
`	No				Seace fre	ngis-USYY or	wherehe we.
IFICATION	(This does heart failt injury or DISEASE	SE OR CONDITION LEADING TO DEA s not mean the mode of the complication which of the complication that the complication is considered. SOR CONDITIONS, INTEREST CONDITION LANGE CO	TH of dying, e. g ans the diseas caused death SES F ANY, GIVIN STATING TH	(B)		microlis	and Hans
ERT	TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	ED .			
O				FINOINGS OF OPE	RATION		20. AUTOPSY?
CAL		9					YES NO
EDIC	21A. ACCIO HOMICIDE	ENT. SUICIDE. (Specify)		ACE OF INJURY (e. g. arm,factory,street,office bidg			give exact location)
1	22. I hereb	(Month) (Day) (Year by eertify that Late live on 3	m.	21E. INJURY OCCUR WHILE AT NOT WHIL WORK AT WOR Ideceased from and that death occ	urred at me,	to , to, 19, from the causes and on t	
	23A. SIGNA	alle of	XX	ab M.D.	23B DORES W	ilken	3/7/34
TI	ON, REMOVAL	CREMA- 24E DATE Specify) 3-/0		24c. NAME OF CEMET	LEP OR CREMATORY	Balle.	or county) (State)
0.1	ATE RECEIVE	O BY REGISTRAR	SSIGNATI	limens, M.	Sevel DIRE	Ala Fulta	ADDRESS Con Joyeth Son
-	VS 150	155)			0	*	97

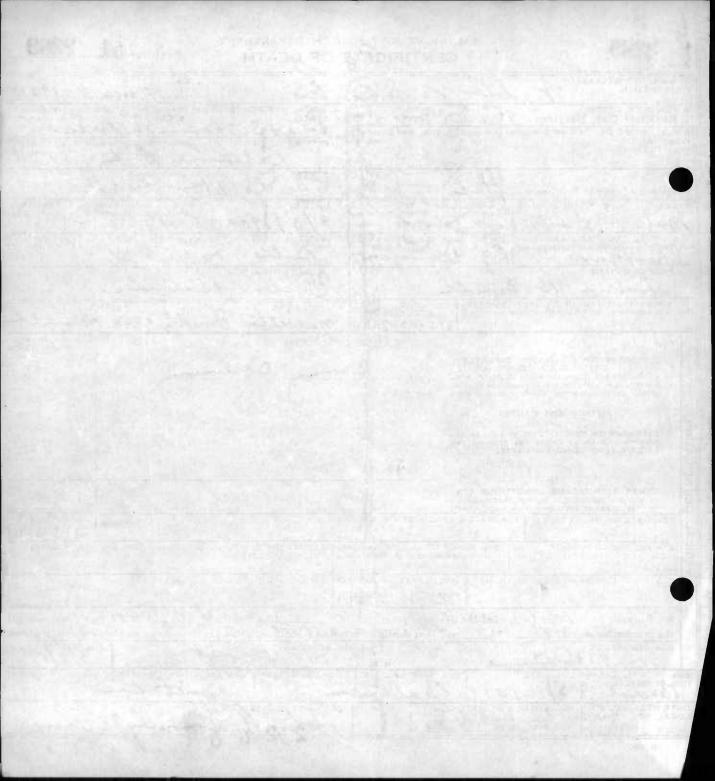


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BALTIMORE CITY HEALTH DEPARTMENT

gistered No.	2269
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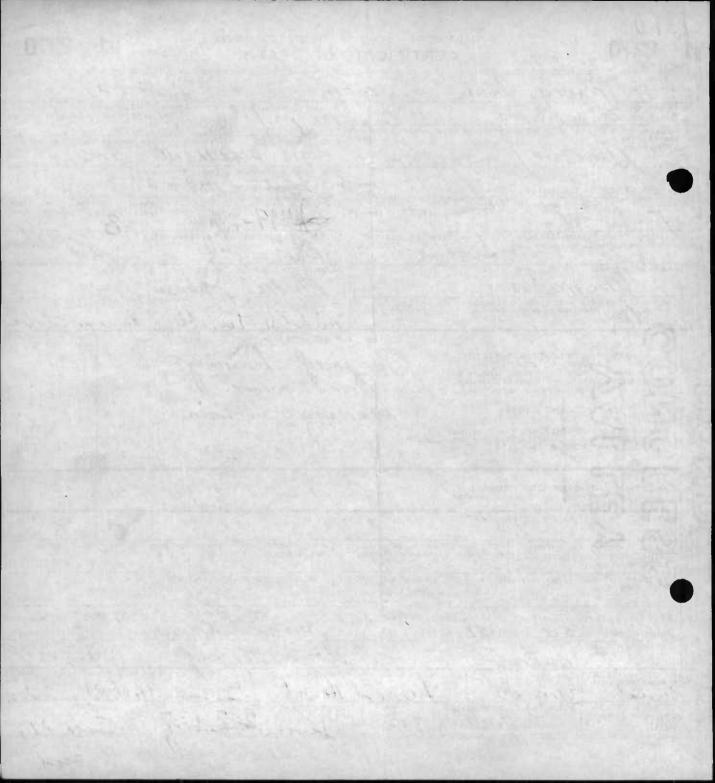
BIRTH NO.		C	ERTIFICAT	E OF DEATH	Regis	tered Mo.	
1. NAME OF E (Type or Print)	DECEASED Ha	eter?	V. Sm	th	2, DATE OF DEATH	March 8-1	951
3. PLACE OF I	DEATH: City, Maryland /	4245.	Hanover Ct	4. USUAL RESIDER	NCE (Where deceased B. COU	lived. If institution: re	esidence admission)
B. FULL NAME			, give street address o	14245	. Hanone.	M. Balb.	
HOSPITAL OR			location	c. CITY OR TOWN	(If outside corpor	ate limits, write RURA	Land give
19				Bul	timore ?	only 13	601
		P.1	Yrs. Mos.	D. STREET ADDRES	(If rural, give local)	en (1	
5. SEX	stay in Baltimore	7. SINGLE.	Days	8. DATE OF BIRTH	9. AGE (In:	years H Under 1 Year K	Under 24 Hours
male	Shite	mas	DIVORGED (Specify	3/3/19	last birth	day) Months Days H.	ours Min.
	CCUPATION (Give kind of tof working life, even if retired)		F BUSINESS OR INDUSTRY	311. BIRTHPLACE (St.	ete or foreign country, . 2md.		OF COUNTRY
13. FATHER	NAME			14. MOTHER'S MAIL	DEN NAME		
Now	and B.	Smith	1 10000	Velen	, Sum	m	
15. WAS DECEAS	SED EVER IN U. S. ARME	D FORCES? 1	6. SOCIAL	17. INFORMANT	0 1	ADDRESS	
200, 20 01 0220112,	(1. Jest Brown or Gran		SECURITY NO.	marcetta	· Smeth	1424 Wann	n Ct
18. 4	^ /		CAUSE	OF DEATH			L BETWEEN
DISEA	SE OR CONDITION	DIRECTLY	0		10.4	ONSET A	ND DEATH
(This doe	LEADING TO DEA		(A)	me 0	Lucian		
heart fail	lure, asthenia, etc. It med r complication which	ans the disease,	DUE TO	X			
733,023			202 70	0			
	ANTECEDENT CAU	SES	(B)				
DISEASE RISE TO	ES OR CONDITIONS,	F ANY, GIVING	DUE TO	***************************************	•••••••••••••••••••••••••••••••	***************************************	**************
UNDERL	YING CONDITION L		DOE 10				
2			100				
	II SIGNIFICANT COND	ITIONS CON	_ (C)			, , , , , , , , , , , , , , , , , , , ,	
	NG TO THE DEATH, BUT	NOT RELATED					
. 19A. DATE	OF OPERATION		INDINGS OF OPE	RATION	***************************************	1 20. AU	TOPSY?
8	U					YES	NO U
21A. ACCID HOMICIDE	DENT, SUICIDE. (Specify)		E OF INJURY (e. g., a, factory, street, office bldg.			e City, give exact loc	ation)
21D. TIME	(Month) (Day) (Year	(Hour) 21	E. INJURY OCCUR	RED 21F. HOW DID	INJURY OCCUR?		
F INJURY			LE AT NOT WHILE				
22 77	I		ORK AT WORK	-1.1	1. 3/ V/	105/12/12	4 42
	by certify that I at			rred at 5:55 f. m.,	/ / /	_, 19 Ll, that I las	
23A. SIGNA	ATURE	_, 13_1_, an		23B. ADDRESS		23c DATE	SIGNED
L.	0 1		м. D.		wor.	3/9	151
BURIAL,	CREMA- 248. DATE	24		ERY OR CREMATORY	24D. LOCATION (Ci	ly, town, or county)	(State)
MEMOVAL (0 1 1 1	151	13 altem	-	north	Com.	
ECEIVE	ED BY REGISTRAR	S SIGNATURE		25. FUNERAL DIRE	SOR D	ADDRESS	
REGIS	THAR winter of	m Millia	BLE. ALM O	Holm	1. Connel	ly Con	4
150		4 10 000	1/13/	1	6 6	1	
130			68	124		GILA	



1 2270 CEPTIFICATI	EALTH DEPARTMENT Registered No.	. 2270
BIRTH NO. 50-13913 CERTIFICATION OF DECEASED		
(Type or Print) NANCY Louise TURON	CF 2. DATE OF S-9-3	57
3. PLACE OF DEATH: A. Baltimore City, Maryland	4: USUAL RESIDENCE (Where deceased lived, If inst	titution : residence before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)		write RURAL and give
INSTITUTION NIVERSITY	716 MARYLAND AV	township
ength of stay in Baltimore	SSS BAT MI - 2	53,00
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years if line last birthday) Month	ler Year If Under 24 Hours B Days Hours Min.
10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY		CITIZEN OF
13. FATHER'S NAME	MILLER S MAIDEN NAME	/
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nutrice) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	miller time le	RESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	pherel lementhans	INTERVAL BETWEEN
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	rend failure	
ANTECEDENT CAUSES	ningocoscimia	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)		
(c)		
OTHER SIGNIFICANT CONDITIONS CON-		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
A D DIAGE OF INJURY (YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., CAUSE OF DEATH		e exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR		
m. WORK AT WORK		
22. I hereby certify that I attended the deceased from J deceased alive on 3-8, 1957, and that death occur	rred at 3:08 Am., from the causes and on the	hat I last saw th
		23c. DATE SIGNED
24A. BURIAL, CREMA- 2AB. DATE 24C. NAME OF CEMETE	ERI OB CREMAJORY 24D. LOCATION (City, town, or	county) (State)
TION, REMOVAL (Specify)	Heart Te man (All &	ed zed
DATE RECEIVED BY REGISTRAR'S SIGNATURE		DDRESS
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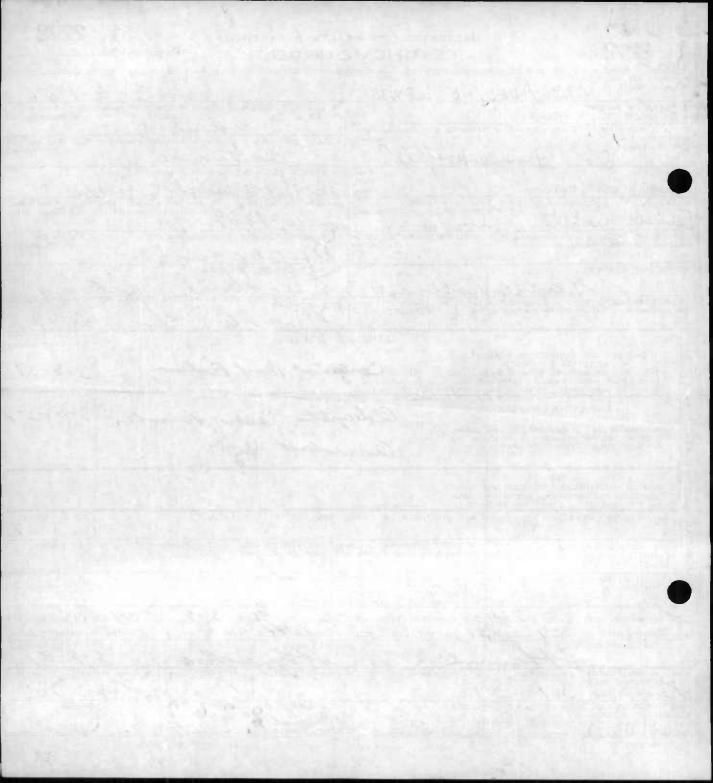
BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
1. NAME OF DECEASED	¿ vaus		2. DATE March	9-51
3. PLACE OF DEATH: A. Baltimore City, Maryland Co		4. USUAL RESIDENCE (Who A. STATE HTO+ POK HE	ere deceased lived. If insti	. before admission
INSTITUTION 4704 PARK	VEIGHTS AVE	Ballinge-	ral, give location	to nable
Length of stay in Baltimore	Mos. Pays	4304 LONE A	teight th	4.
Hewale White	SINGLE, MARKED. (Specify)	July 9-1904	9. AGE (In years Munder last birthday) Months	Days Hours Min.
work does doring most of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY	Court Pellou . Co	the Country Co	CITIZEN OF WHAT COUNTRY
James Edwards	Elaw	SUMITER'S MAIDEN NAM	bboll	
15. WAS DECEASED EVER IN U. S. ARMED F (Yes, no of onknown) (If yes, give war or dates of	orces? 16. SOCIAL SECURITY NO.	MILA JOBUL D. N	Neuchey 496	# Parkugh
DISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which cau	RECTLY dying, e. g., (A)	static Carcin ebrae, Lunga,	ewalosis Lives + s	INTERVAL BETWEEN ONSET AND DEATH
Z O DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S' UNDERLYING CONDITION LAST	ANY, GIVING	cinocia - Logi	Blear.	
OTHER SIGNIFICANT CONDITI TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION OF	OT RELATED			
194 DATE OF OPERATION 0 198	MAJOR FINDINGS OF OPER			20. AUTOPSY?
Ш	21B. PLACE OF INJURY (e. g., i bout home, farm, factory, street, office bldg.,		in Baltimore City, give	exact location)
ZID. TIME (Month) (Day) (Year) (E	four) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WARK		OCCUR?	
deceased alive on Man	ded the deceased from 1981 and that death vecum	rred at 6.00 Am., from the	reh 9, 1951, the causes and on the d	eat I last saw the
233 Wharles L	wanes	424 Med Our	० । अवव	3 9 51
24A. BURIAL, CREMA- TION, REMOVAL (Specify) BURIAL MARCH 12,	1951 CARROLLTON CHURC		CATION (City, town, or c	eounty) (State) RROLL MB
DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR	SIGNATURE	JOHN R. BYERS W		MD.

The section is AND THE PERSON NAMED IN COLUMN The second of th HE THE STATE OF THE PROPERTY OF THE PARTY OF

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 22'72
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) MRS. ADELINE. LEWIS	2. DATE OF DEATH 3 - 9-/95-/
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B.COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	maryland Paltimer
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
110 CT Agula Haspital	Bultimore Middle Brownship)
Yrs.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore Mos. Days	36. Honeysickle Lane
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH A 9 9. AGE (In years Under Year If Under 24 Hours
Terrall while manued	2-16-1869 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kied of work dooe during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	1 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Vallacery	Elin My Th Marine
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17 huroning
(Yes, no or unknown) (If yes, give war or flates of service) SECURITY NO.	17. (NFORMANT) ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
18. 42 41 . CAUSE C	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	Best & last Freling. 2.5-57
heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO	gester (kart Farline; 3-8-51
ANTECEDENT CAUSES	
z (B) Chec	yettis. Ceretro. Vancolar 3-9-5-1
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	ights: Centro Varrely 3-8-5-1
UNDERLYING CONDITION LAST.	ident tolt
U (c)	
F	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS, OF OPERA	
U 210 PLACE OF INJURY (- i-	or 21c. WHERE DID (If in Baltimore City, give exact location)
21a. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., io about home, farm, factory, street, office bldg., et	
ZID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
F INJURY WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 3	-8 , 156, to 3-5 , 1956, that I last saw the
	red at 10 3 fm., from the causes and on the date stated above.
	3B. ADDRESS 23C. DATE SIGNED
M.O.	Attmestory 3-8-61
24A BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
Kemoral 3-10-51	arlington Vo
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR () ADDRESS
MAD 1 01951	TIME CA COLOR
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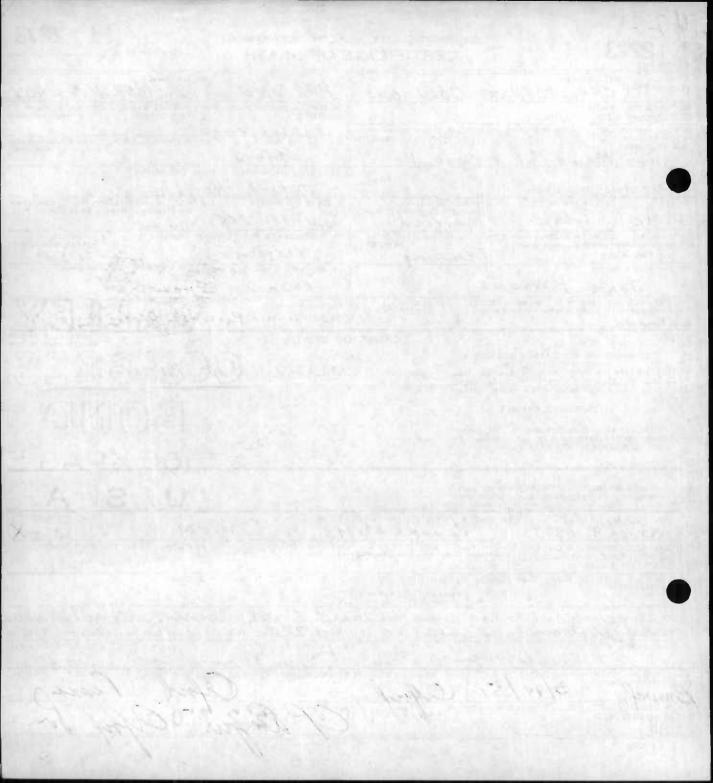


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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Registered	No	

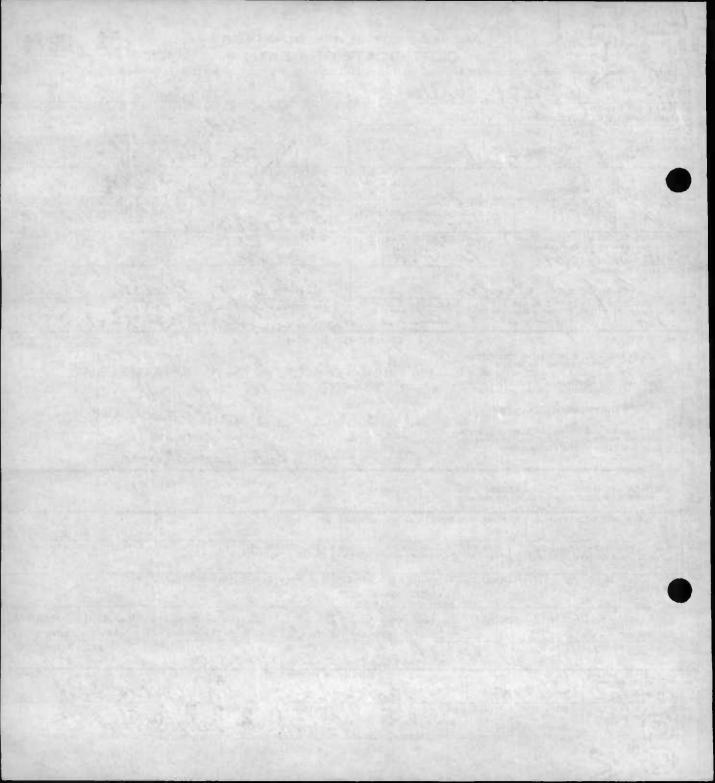
BII	RTH NO.					
	NAME OF DECEASED (pe or Print) CHRISTOPA	YER (COLUMBUS	PARSONS	OF MAR	CH 9,1951
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE ()	Where deceased lived. If	institution : residence before admission)
HC	FULL NAME OF (If not in hospi	tal or institut	ion, give street address or location)		outside corporate limits	, write RURAL and give
IN	Union Memorial	Hosi	pital	Oxford		township)
			Yrs. Mos.	D. STREET ADDRESS (If	, ,	1.2.5
5	sex 6.COLOR OR RACE	La cinci	Days E. MARRIED.	8. DATE OF BIRTH		Harter S. W
	Male white	WIDOW	VED, DIVORCED (Specify)	Sept. 15, 1888	9. AGE (In years More	nths Days Hours Min.
work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired Truckey)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Virginia	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME			14. MOTHER'S MAIDEN N		
	John Parsi			Frances	Snow	
(Y 00	WAS DECEASED EVER IN U.S. ARME , no or uoknowo) (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Minnie Par		DDRESS Haights 7
Ť	18. 157 X			OF DEATH	401	INTERVAL BETWEEN
	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which	TH of dying, e. a ans the diseas	g., (A)	ARCINOMA of T	HE PANCROAS	ONSET AND DEATH
	ANTECEDENT CAU	SES				NATE OF
ERTIFICATION	DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L	STATING TH	(B) NG HE DUE TO (C)			
E.	11					
CER	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATE	ED			
	March 9, 1951	I9в. MAJOR	Pancy Late	FIS O CAR	-110071	YES NO X
EDICAL	21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	o or 21C. WHERE DID (Oct.) INJURY OCCUR?	If in Baltimore City, g	rive exact location)
Σ.	21D. TIME (Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	INJURY		WHILE AT NOT WHILE			
	22. I hereby certify that I at deceased alive on mark 9	tended the	deceased from 2n	arch 5, 1951, to 7	nauch 9, 1951	that I last saw the
		1, 195/			he causes and on th	
	23A. SIGNATURE	emoken	M. D.	238. ADDRESS Man	mel Dosp	23c. DATE SIGNED
24 TIO	A. BURIAL, CREMA- N. REMOVAL (Specify)	151		RY OR CREMATORY 240		ent-
DA	TE RECEIVED BY REGISTRAR	S SIGNATU	RE JE	25 TONERAL DIRECTOR	2000h	ADDRESS .
==	VS 150	(N)	- Linky M. W.	1		1
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BALTIMORE CITY HEALTH DEPARTMENT CERT!FICATE OF DEATH

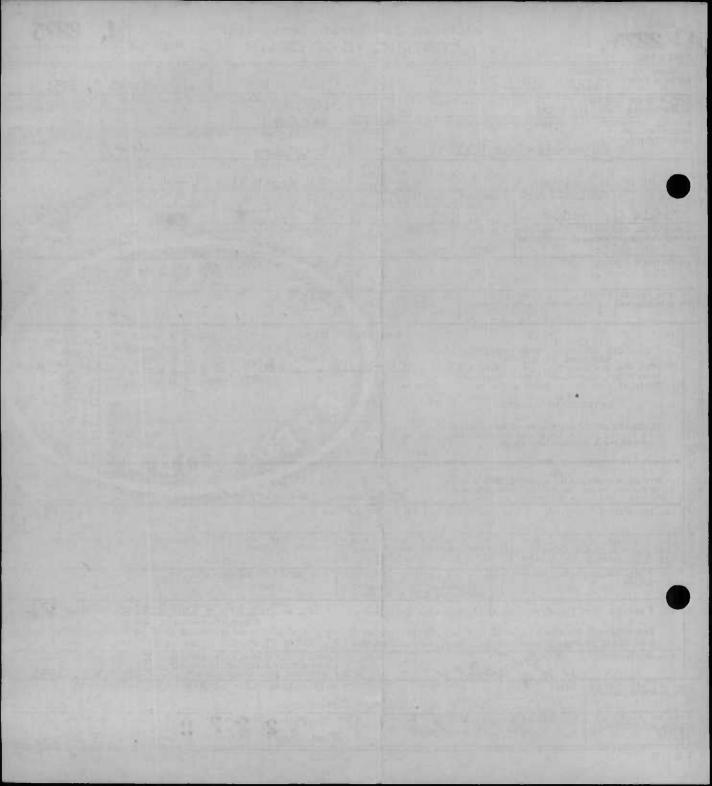
egistered No. 2274

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) SEILER, William A	1 2. DATE OF DEATH 3 -9-51
a. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limit) write RULL and give
Wer. Hosp	Balto, 9-08 township)
Congth of stay in Baltimore Yrs. Mos. Days	912 E. North we
5. SEX 6. COLOR OR RACE 7. SINGLE, MARKIED, WIDOWED, DIVORCED (Specify)	1777////
10A. USUAL OCCUPATION (Givekindo) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, over if retired) R. R. Conductor Pa. R. R.	<u> </u>
13. FATHER'S NAME	Eller P. March
15. WAS DECEASED VER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or uphowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANWashington D. C. ADDRESS
No m	Martin a. Seiker 2829-28 = st. S.E.
18. 561.0 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	see And of the
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	reliable and mangalalla
injury or complication which caused death.) DUE TO	nal reme aft
ANTECEDENT CAUSES	us alight atterprelessie.
DISEASES OR CONDITIONS, IF ANY, GIVING	and the last design of the
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	arabourate along
U & Cucan	postale hyperwithy
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
7 218 PLACE OF INJURY (* 2 15	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	n or 21C. WHERE DID (If in Baltimore City, give exact location)
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from	
deceased alive on 3 - 9 , 19 1. and that death occur	
23A. SIGNATURE / Dale & Column. 2	Carp Hoop 23c DATE SIGNED
24A. BURIAL, GRENA 24B. DATE 24C. NAME OF CEMETE PONT BEMOVAL (Species) 3/12/51 Park	WIND PARKWILLA MA
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR 12/7 St. Paul ST
VC 150	· concord or



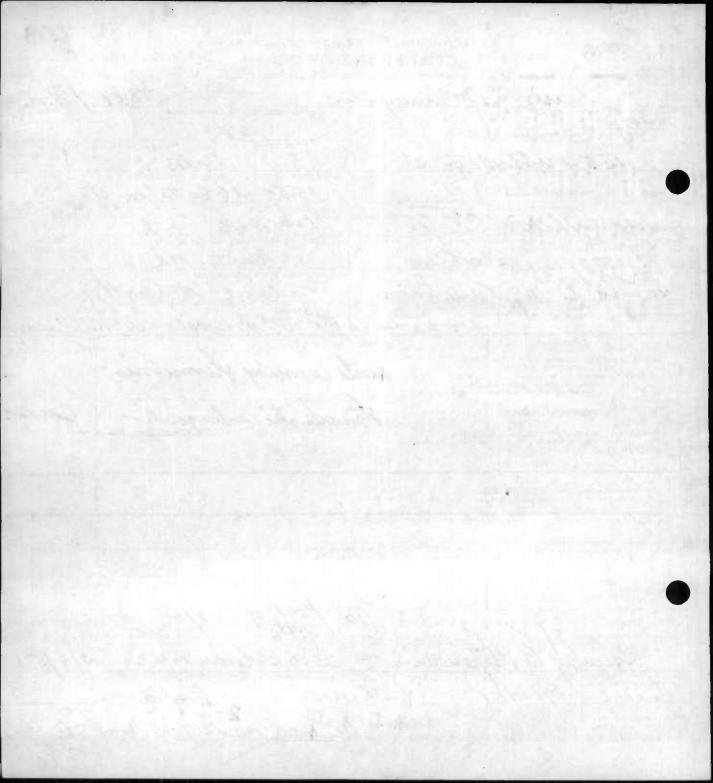
CERTIFICATE OF DEATH Registered No. 2275

ВІ	RTH NO.			CERTIFICAT	E OF DEAT	A Registered	110.
1. NAME OF DECEASED (Type or Print) CLARA HALL				2. DATE OF DEATH Marc	ch 8, 1951		
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDE	ENCE (Where deceased lived, In B. COUNTY	f institution : residence before admission)
В.	FULL NAME		al or institut	ion, give street address or	Maryland		
	SPITAL OR			location)	C. CITY OR TOWN		ts, write RURAL and give township)
3	U.	University F	lospita		Baltimore		-06
y				Yrs. Mos.		ESS (If rural, give location)	
	ngth of s	tay in Baltimore	7 CINCLE	Days Days	8. DATE OF BIRTH	Pine Street	& Marian T Many Milliand and Allana
_	female	white	WIDOW	PED, DIVORCED (Specify)	June 22, 19	last birthday) M	ff Sider 1 Year Munder 24 Hours onths Days Hours Min.
worl	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY		State or foreign country)	12. CITIZEN OF WHAT COUNTRY
	housew.		own h	nome		le, Missouri	
13	FATHER'S				14. MOTHER'S MA	IDEN NAME	
			Intosh		?	Solos	
		D EVER IN U. S. ARMED (If yes, give war or date		16. SOCIAL SECURITY NO.	17. INFORMANT Henry F. Ha	11, 201 M. Pine S	trent
ERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY OTHER STRIBUTING	SE OR CONDITION LEADING TO DEA' not mean the mode of the complexition which complexities the complexities of t	TH of dying, e. s ns the diseas aused death SES F ANY, GIVIN STATING THEST. TIONS CONNOT RELATE	(B)	sis of liver	holism	2 years
CE		SEASE OR CONDITION		FINDINGS OF OPER		rough.	20 44700042
	ISA. DATE O	F OPERATION 1	98, MAJOR	FINDINGS OF OPER	ATION		YES NO X
MEDICAL	UNDERLYING C	NAL CAUSE WAS G OR CONTRIB- AUSE OF DEATH. Month) (Day) (Year)	about home, f	CE OF INJURY (e. g., in arm, factory, atreet, office bldg., e	(c.) INJURY OCCU		
	OF MAJOR I		m. V	WORK NOT WHILE			
	the evi	dence obtained by ath in my opinion	said Auto	psy, Inspection or I rom: natural causes	nquiry, find that \(\) \(accident \) \(\) 238. CHIEF ME ASSISTANT ME	uiry & Inspection Autopsy, Inspection or Inquiry said deceased died on th suicide , homicide , to DICAL EXAMINER	he day stated above, undetermined .
24	A. BURIAL, C	REMA- 24B. DATE	2	24c. NAME OF CEMETE		Table Co	The second secon
110	on REMOVAL (Siburial	3/12/51		St. Peters	Cemetery	Baltimore, I	Maryland
	TE RECEIVED		SIGNATU	RE	Wm. E. Sk.	EOMOR 7	ADDRESS Paul Street
V	S 151						24a V



BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH / 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years WIDDWED, DIVORCED (Specific last hirthday) | Months: Days | Hours: Min. VEG al inale 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Vasue 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL (If yes, give war or dates of service) (Yes, no nr nnkonwn) SECURITY NO 03-464 INTERVAL BETWEEN 18. CAUSE OF DEATH 20. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICA YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, nffice hldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING Ш CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE WORK AT WORK 1957, that I last saw the 22. I hereby eertify that, I attended the deceased from_ 19 57, and that death occurred at Am., from the deceased alive on_ causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c, DATE SIGNED aula 10 Evanoures 24A. BURIAL, GREMA-HON, REMOVAL (Specify) 2 B. DATE 24c. NAME OF CEMETERY OF GREMATORY Burra DATE RECEIVED BY REGISTRAR'S SIGNATURE RUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1 2277

81	RTH NO.						
1. NAME OF DECEASED (Type or Print) IDA Z. BESOLD				2. DATE OF DEATH MARC	h 9th, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE ()				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)			Md. c. CITY OR TOWN (I)	f outside corporate limit	s, write RULAL and give		
IN	ISTITUTION	5600 Carte	er Aven	ne	Baltimore	27	-44 township)
7		7000		30 Yrs.		rural, give location)	* K
2		ay in Baltimore		Mos. Days	5600 Carter A		
5.	SEX	6. COLOR OR RACE	7. SINGLI WIDOW	E, MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) Mo	f Under 1 Yesi K Under 24 Hours onths Days Hours Min.
	emale	white UPATION (Givekind of		OWed OF BUSINESS OR	July 29,1883	oreign country	12. CITIZEN OF
worl	k done during most of	working life, even if retired)		INDUSTRY		or engine country y	WHAT COUNTRY
13	Housewife		Own	nome	Germany 14. MOTHER'S MAIDEN N	AME	USA
	Karl Zie	mann			Wilhelmina Kla		
15	. WAS DECEASED	D EVER IN U. S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT		DDRESS
(Ye	no or unknown)	(If yee, give war or date	s of service)	security No.	Mr. John H. Car	rter, 5608 Ca	rter Ave.
CERTIFICATION	(This does heart failur injury or DISEASES RISE TO THUNDERLY	E OR CONDITION LEADING TO DEA' not mean the mode of the complication which of the complication o	TH of dying, e. ms the disease caused deatl SES F ANY, GIVII STATING T STATING T STORY NOT RELAT	(B)	tensue Condu	vealan Dis	appropagean
				FINDINGS OF OPER	ATION		20. AUTOPSY?
S	21A. ACCIDE	NT SUICIDE	21p PI	ACE OF INJURY (e.g., in	n or 21c. WHERE DID (If in Baltimore City,	give exact location)
EDICAL	HOMICIDE	(Specify)		farm, factory, street, office bldg.,			
M	21D. TIME () F INJURY	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR WHILE AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?	
	22. I hereby	certify that I att			L-22, 1951, to		
		ve on 3-8	, 19 56		rred at 9:50 A.m., from	the causes and on t	
	23A SIGNAT	of R. Er	glisi	M. D. 2	38. ADDRESS Se	loui Rd	3-9-51
2 TI	4A. BURIAL, C	REMA- 24B. DATE		24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town	or county) (State)
	burial	Mar.12,1		Jerusalem L	utheran Cem Ba	to 4 Md.	4555555
	ATE RECEIVED OCAL REGISTS		marin Ell	liseus, Mad	Z5, FUNERAL DIRECTOR		Ol Belair Rd.
=	VS 150	15			The state of the s		/ / O
							45/2

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BALTIMORE CITY HEALTH Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RUMAL and give INSTITUTION LOWES HOPEIES HOSPITE! township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore -Days 6. COLOR OR RACE 5 SEX SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year H Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 10 monnie 10A. USUAL OCCUPATION (Give kind of (108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) CITIZEN OF She done during most of working life, even if retired) WHAT COUNTRY? 13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. -05-1390 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION LULINDMA Colon 70 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! 3-1 1921. to. 3-9, 1921, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 3 -1951, and that death occurred at_ 29 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDR 23C/DATE SIGNED BURTAL, CREMA-24D. LOCATION (City, town, or county) 24B. DATE OF CEMETERY OR CREMATORY TION, REMOVAL (Specify Correleon DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTO

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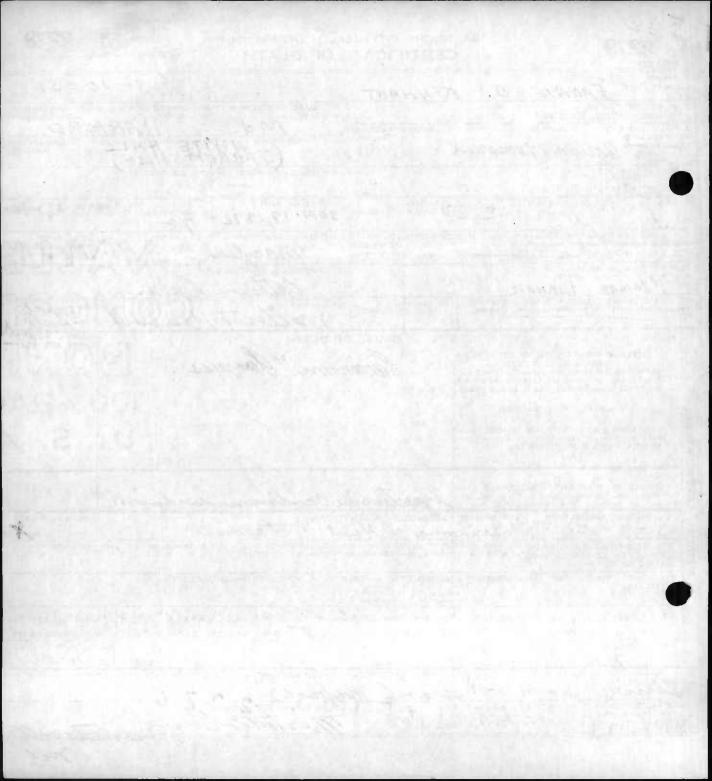
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. 2	Carlot (1)
BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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egistered	No	Partie & O

BIRTH NO.	E OF DEATH		
1. NAME OF DECEASED (Type or Print) FANNIE O. KINHART	2. DATE 3-10-51 OF DEATH		
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OR TOWN W III of this corporate in its write RURAL and give		
INSTITUTION Union Memorial	(JARRETTSVILLE) township)		
ength of stay in Baltimore Fo Mos.	D. STREET ADDRESS (If rural, give location)		
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED DIVORCED (Specify)	SEPT. 17,1872 9. AGE (in years Winder Year H Under 24 Hours Months Days Hours Min.		
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U. A.		
13. FATHER'S NAME	14. MOTHER'S MAYDEN NAME		
HOMAS URNER	- batherine Bahr.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uokoown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Walter T Henbert Heal		
18. /57 V 1 CAUSE	OF DEATH INTERVAL BETATE		
DISEASE OR CONDITION DIRECTLY	· of Parameters		
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	noma guncuas.		
injury or complication which caused death.) DUE TO			
ANTECEDENT CAUSES			
Z (B)			
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.			
(c)			
E CTUES CLOSE II	Appropriate the second		
OTHER SIGNIFICANT CONDITIONS CON-	ne Cardionascular duriase		
TO THE DISEASE OR CONDITION CAUSING IT			
	ad of Panereas YES NO		
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., e			
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE	ED 21F. HOW DID INJURY OCCUR?		
m. WORK AT WORK 22. I hereby certify that I attended the deceased from Feb. 28, 1951, to Man. 10, 1951, that I last saw the			
deceased alive on man. 10 1951 and that death occur	red at S'Am., from the causes and on the date stated above.		
	3B. ADDRESS 23C. DATE SIGNED		
H.R. Shopmaker M.D.	Mon Memoral fosp 3-10-51.		
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER TION BEMOVAL (Specify) Because 12-37 Rethel W	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)		
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR		
MARI 01951 militation Miliania, M. 18	Marput Hurs Jante		
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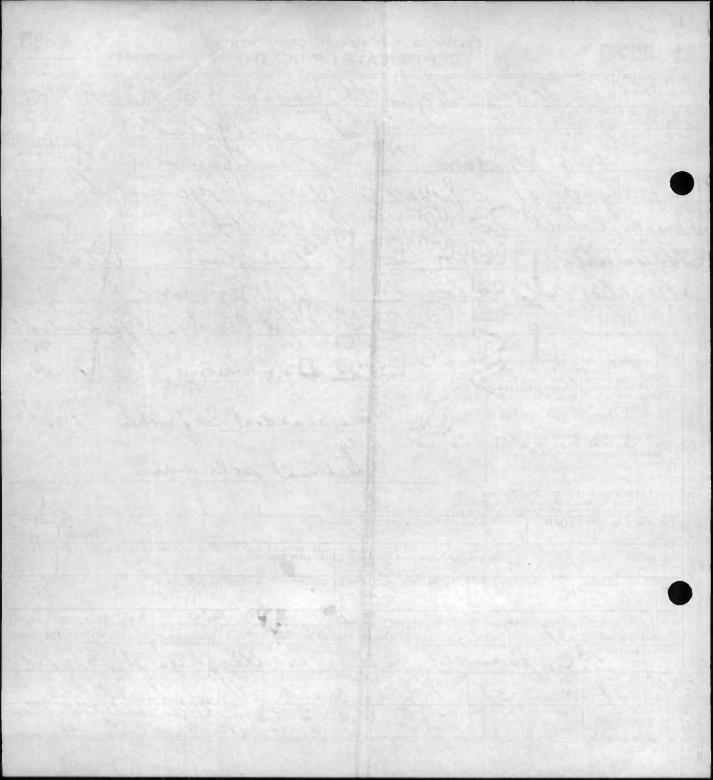
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BALTIMORE CITY HEALTH DEPARTMENT

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gistered	No	de la Caral	

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) B	1 ZZSU	CERTIFICATE OF DEAT	H Registered No.
	NAME OF DECEASED MARY	Clinabeth Johns	of DEATH MAN. 8, 1951
A	. PLACE OF DEATH: . Baltimore City, Maryland	A STATE	NCE (Where deceased lived, If institution; residence B. COULTY before admission)
H	FULL NAME OF (If not in hospital or institution) NSTITUTION	location) C. CITY OR TOWN	if sytside corporate limit, write ladRAL and give
	1425 espera	Yrs. D. STREET ADDRE	SS / (If rural, give location)
C	Length of stay in Baltimore 5	q years Mos. 1425	Je Beram St.
5	SEX 6. COLOR OR MACE 7. SINGLE WIDOY		AGE (In years H Under I Year H Under 24 Hours Min. Months Days Hours Min.
10	OA. USUAL OCCUPATION (Give kind of 10B. KIN) Lydrag during most of working life, even if retired)	D OF BUSINESS OR II. FRTHEYACE (S	State of foreign country) 12. CITIZEN OF WHAT COUNTRY
	Hausewise 1	ime pa	egland all.
	Dieseles Black	LUAM! 14. MOTHER'S MA	KNUWY
1 (Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? es, no or unknown) your year, give wer or dates of service)	16. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS 1425
_	0	rds. ether	Dennis Jefferen ft.
	18. 420.1	CAUSE OF DEATH	INTERVAL BETWEEN
	DÍSEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.	CAL A. G.D.	Jacher 1 wk.
	heart failure, asthenia, etc. It means the disea injury or complication which caused deat	se,	
	ANTECEDENT CAUSES	Marken d.	· 1 2 - 10 - 10 -
ON	DISEASES OR CONDITIONS, IF ANY, GIVI	NG (B)	Jan
CAT	RISE TO THE ABOVE CAUSE (A) STATING TUNDERLYING CONDITION LAST.	THE DUE TO	
E.	11	(c) Melerial	selensis
ERT	OTHER SIGNIFICANT CONDITIONS CO		
U	TO THE DISEASE OR CONDITION CAUSING	R FINDINGS OF OPERATION	20. AUTOPSY?
CAL			YES ND
EDI		ACE OF INJURY (e. g., in or ferm, factory, street, office hldg., etc.) 21C. WHERE INJURY OCCU	
Σ	PID. TIME (Month) (Day) (Year) (Hour)		INJURY OCCUR?
h	m.	WHILE AT NOT WHILE NORK AT WORK	A 5/2/ 8
	22. I hereby certify that I attended the		7to 3/4, that I last saw the
	23A. SIGNATURE	23B. ADDRESS	from the causes and on the date stated above.
_	a. C. puru	M. D.	24D OCATION (City town, or county) (State)
1	AN BURIAL, CREMA 248. DATE ON REMOVAL (Specific) 3-12-5/	2.4C, NAME OF CEMETERY OF CREMATORY	anne arundel. a.
	DATE RECEIVED BY REGISTRAR'S SIGNATION OCAL REGISTRAR	URE G. F. G. EN TOPE	Eg & General Washlad
	100 101951 - July 100 / 1/4	SUM /6191	ruil Will and



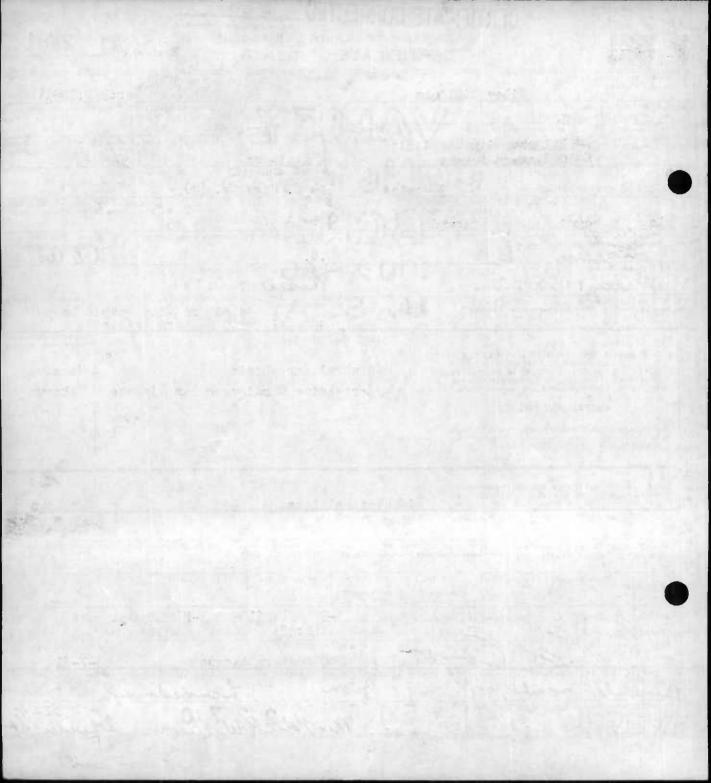
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CERTIFICATE CORRECTED 4-12-51

BALTIMORE CITY HEALTH DEPARTMENT

54 2281

N)	D- 146513	3		CERTIFICATI	E OF DEATH	Registered No	
1.	NAME OF E		ley Wil	liams		2. DATE. OF March	7,1951
	Baltimore	City, Maryland			4. USUAL RESIDENCE (
H SH	ength of s	Baltimore 4940 Easte	City H	ion, give street address or location) location yrs, Mos. Months Days E. MARRIED. VED, DIVORCED (Specify)	Baltimore D. STREET ADDRESS (II 104 N. Pine St. B. DATE OF BIRTH	If outside corporate limits If rural, give location) (1) 9. AGE (In years)	write RURAL and give township township der I Year H Under 24 Hours he; Days Hours: Min.
	Male	Negro	Wide	wed	9 2-1885?	657	
wor	a done during most	ey? Will	iame	O OF BUSINESS OR INDUSTRY	N.C. 14. MOTHER'S MAIDEN I		2. CITIZEN OF
(Ye	5. WAS DECEAS se, no or unknown)	eD EVER IN U. S. ARME!	FORCES? of service)	16. SOCIAL SECURITY NO.	Records: 4940	imore City Hosp Eastern Avenue	reals
FICATION	(This does heart failt injury or DISEASE	ISE OR CONDITION LEADING TO DEA'S not mean the mode of are, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA	FH dying, e. g ns the diseas aused death EES F ANY, GIVIN STATING TH	E., (A) Cerel	OF DEATH Oral Thrombosis Censive Cardiovas	scular Disease	Unknown Unknown
L CERTIFICA	TRIBUTING TO THE D	SIGNIFICANT CONDIG TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION 1	NOT RELATE	D D			Unknown
IEDICAL	21A. ACCIE LYING O CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH	218. PLA	ACE OF INJURY (e. g., in farm, factory, street, office hldg., e	a or 21c. WHERE DID to.) INJURY OCCUR?	(If in Baltimore City, giv	re exact location)
Σ	2 ID. TIME F INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRE	21F. HOW DID INJUF	RY OCCUR?	
	22. I hereb deceased a 23A. SIGNA			and that death occur	3-5 ,1951, to red at 2:30p m., from 3B. ADDRESS 1940 Eastern Aver	the causes and on the	that I last saw the date stated above 23c. DATE SIGNED 3-7-51
TI	AA. BURIAL. ON, REMOVAL (S Bulla	march!	0,1951	mts. Fi	RY OR CREMATORY 24D.	andednes	county) (State)
	ATE RECEIVE OCAL REGIST	RAR	S SIGNATU	JREG 5 1 (I	Me Kata R.W.	Mamo 1	Unoeder St



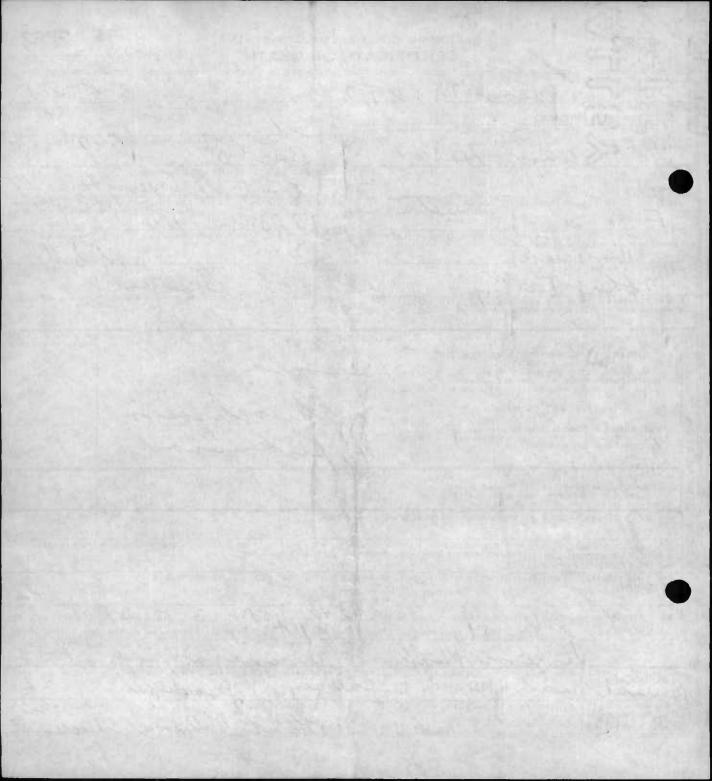
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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 2282

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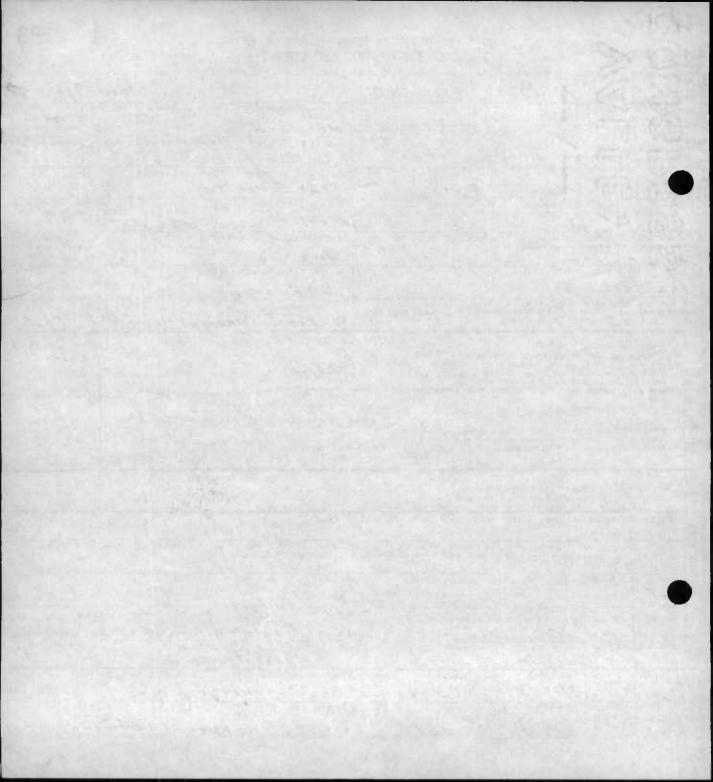
BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print) Many MINT	0 N 2. DATE OF DEATH 3-8-5-1
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION	C. CITY OR TOWN (If outside corporate limits write RURAL and give
Yrs.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore Mos. Days	83.5 W. Leving fon A
5. SEX 6. COLOR OR RACE 7. SINGLE, MARPIED, WIDOW ED DY ORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years Under I Year It Under 24 Hours Index Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hustuide	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
atha Talley	Ella prouve
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	phiochusis perfension
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, ferm, factory, street, office bldg CAUSE OF DEATH	in or 21c. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from deceased alive on 3-8, 195 L and that death occur	2-10, 195, to 3-8, 195, that I last saw the cred at 1/1 m., from the causes and on the date stated above. 236. ADDRESS 236. DATE SIGNED
24A. BURIAL, CREMA. 24B. DATE TION, REMOVAL (Snycify) March II, 1937 M. D. 24C. NAVE OF CEMETE TION, REMOVAL (Snycify) March II, 1937	RY, OR CREMATORY 24D. LOCATION (City, then, or county) (State) Way Broaklyn Md,
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR 2 ADDRESS 322N
- The state of the	in the summer survey of



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2283

5	RTH NO.	3		CERTIFICAT	E OF DEAT	TH R	egistered l	No		-
1. (T	NAME OF D 'ype or Print)	ECEASED M	ARY	DAWSON		2. DAT OF DEA	ma	nch	9,195	/
Α.		EATH: City, Maryland		77.2	A. STATE	ENCE (Where dece			ion : residence before admiss	
H	OSPITAL OR	of (If not in hospit		ition, give strect address or location)	c. CITY OR TOWN	N (If outside co	rp te limi	Ovril	PORAL and towns	
	ength of s	tay in Baltimore	8	Yrs. Mos. Days	1821 E	Praff str.	e location)			
5.	SEX	6.COLOR OR RACE	7. SINGL	E. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRT	last		If Under T Ye on the Da	ays Hours M	Hours lin.
WOF	A. USUAL OC. k done during most of House B. FATHER'S N		10B. KIN	D OF BUSINESS OR INDUSTRY	Virginia	(State or foreign cou			TIZEN OF HAT COUNT	RY
-	Toe To	lbert			Un Kno					
15 (Ye	. WAS DECEASE , no or unknown)	D EVER IN U, S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO	17. INFORMANT Pinkerd			DDRES	s narnoc/	K
FICATION	(This does heart failu injury or DISEASES	E OR CONDITION LEADING TO DEA not mean the mode or re, asthenia, etc. It mea complication which ANTECEDENT CAUS G OR CONDITIONS, I HE ABOVE CAUSE (A) ING CONDITION LA	TH If dying, e. Ins the disea Raused deat SES F ANY, GIVI STATING 1	g., (A) see, h.) DUE TO	Gressia pertensis	La Carder	a culu		set AND DE. 2 - 14 - 513 - 9 - 51	1
CERT	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELAT	ED						
AL (F OPERATION 0 1	9B. MAJOI	R FINDINGS OF OPER	RATION				O. AUTOPSY	
EDICA		ENT WAS UNDER- R CONTRIBUTING DEATH	218. PL about home	ACE OF INJURY (e. g., i., farm, factory, street, office bldg.,	or 21c. WHERE tet.) INJURY OCCU	DID (If in Balt UR?	imore City,	give exa	ect location)	
Σ		Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		INJURY OCCUP	17			
	deceased al	ive on 3 - 9	ended the	e deceased from 2 and that death occur	rred at 11.00 m	7, to $3-9$, from the cause		he date		ove.
	23A. SIGNAT	Elmon O.	Beir	egand M.D.	38. ADDRESS'			3 -	P-S/	7
TIC	Burial (S	pecify) 3/12/5	-,	Claybrook	Chaple	Weems	Ka.	4	721	te)
D.	MAR 1 01	BY REGISTRAR	SIGNAT	URE O 5	10hn T Sta	fire .	2700 Ed	Mon		400



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

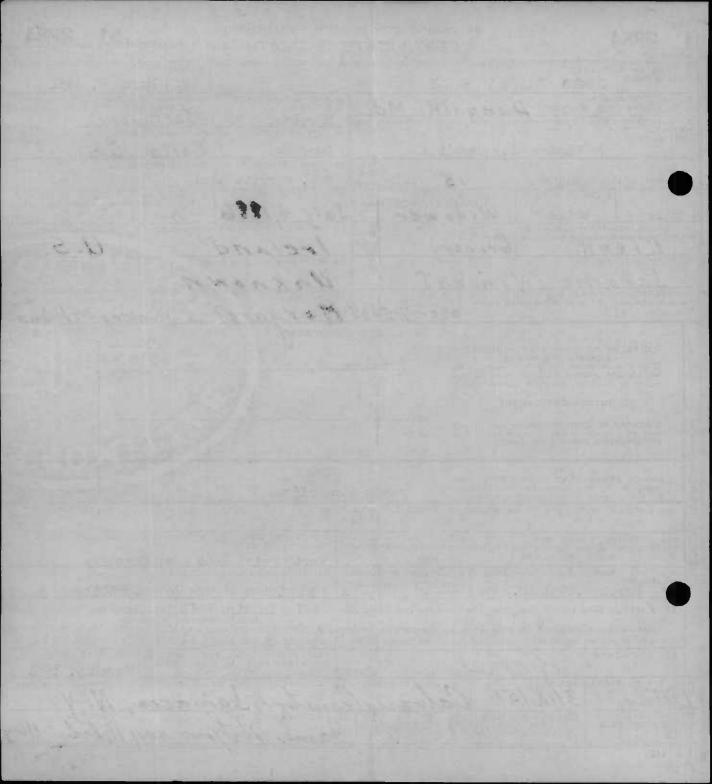
Registered No. 2284

NAME OF DECEASED 2. DATE (Type or Print) **JEROME** VINCENT KELLY DEATH March 8, 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) 120/ timore B. FULL NAME OF "f not in hospital or institution, give street address or Marvland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore City Hospital Dundalk o. STREET ADDRESS (If rural, give location) Mos. W. Merritt Road ngth of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | 1 batts | Year | It Under 24 Hours | Last birthday | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify) Widower male white 10A. USUAL OCCUPATION (Givekindof) IQB. KIND OF BUSINESS OR 11. BM(THPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME romre 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO 80-07-ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., (A) Fracture of neck heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED Acute alcoholism TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING N OR CONTRIB. INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UTING [] CAUSE OF DEATH. highway North Point Road near Edgemere 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT March 8,1951 10,20pm. AT WORK LX Pedestrian struck by automobile WORK 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \boxtimes , suicide \square , homicide \square , undetermined \square . 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.... MEDICAL INVESTIGATOR. 24A. BURIAL CREMA-TION REMOVAL (Specify) 24C NAME OF CEMETERY OR CREMATORY Muna DATE RECEIVED BY REGISTRAR'S SIGNATURE UNERA DIRECTOR LOCAL REGISTRAR

V S 151

3966A

11/00



BALTIMORE CITY HEALTH DEPARTMENT

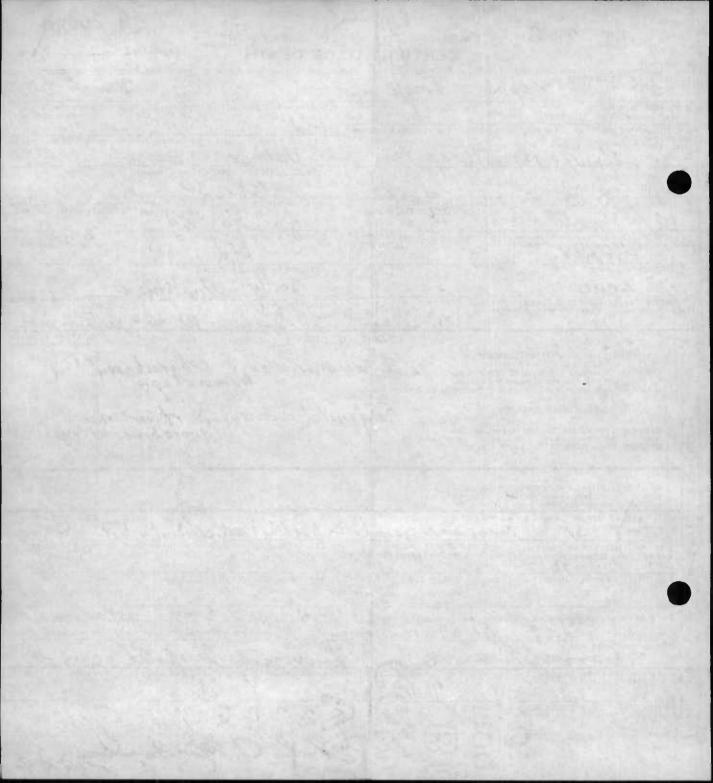
13.4.	"mad free	5.10

В	IRTH NO.			CLITTITICAT	L OI DEAT	11			
	NAME OF C						2. DATE		
<u> </u>			A F. 01	Byrne			DEATH	3/9/5I	
	A. Baltimore City, Maryland 1938 Light Street				4. USUAL RESID	ENCE (W)	here deceased lived B. COUNTY		: residence ore admission)
В.	FULL NAME			tion, give street address o		•	1000		
H	OSPITAL OR			location	c. CITY OR TOWN	V (If o	utside corporate li	imits, write RU	
1	10				Baltimo	re	25-	ب٥٠	township)
				Yrs, Mos.	D. STREET ADDR)	
6		stay in Baltimore		Days			reet		
5	. SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED, VED, DIVORCED (Specify	8. DATE OF BIRT	Н	9. AGE (In years	Months Days	If Under 24 Hours
_	F	W		W	11/4/1872		78		
WOI	A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)	108. KIN	D OF BUSINESS OR	11. BIRTHPLACE (State or for	eign country)	12. CITIZ	ZEN OF
	House		Hon		England			WIIA	CODNIKY
13	B. FATHER'S	NAME			14. MOTHER'S MA	AIDEN NA	ME		
		A:	lbert M	CKenzie	Ada F.	Morrell	l		
1:	5. WAS DECEAS	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL	17. INFORMANT			ADDRESS	
(1)	No	(11 you, give war of date	s of service)	SECURITY NO.	Family - Sa	ame			
	18. 1/1	15 V		CAUSE	OF DEATH				VAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY		/		D	ONSE	T AND DEATH
		LEADING TO DEAT	TH	the o	en stemme	CIV	· Vice	Le !	2 cm.
	heart failu	ire, asthenia, etc. It mea complication which c	ns the disea	se.	157	. 0	OF.	2	
	injury or			h.) DUE TO	The same	- My	my / au	P	
_		ANTECEDENT CAUS	SES	and	enjole	may	Can	0 0	
6	DISEASE	S OR CONDITIONS, I	F ANY, GIVI	(B)			7	7	
E	UNDERLY	THE ABOVE CAUSE (A)	STATING T	HE DUE TO				0	
FICATION				(C)			***************************************		*******************
쁜		- 11							
ERTI		GIGNIFICANT CONDI							
S		ISEASE OR CONDITION							
L	19A. DATE C	OF OPERATION 6 1	98. MAJOF	R FINDINGS OF OPE	RATION			20.	AUTOPSY?
Q A								YES	
MEDICAL		DENT WAS UNDER PROPERTY OF THE		ACE OF INJURY (e. g., farm,factory,street,office bldg.		JR?	in Baltimore Cit	y, give exact	location)
2	2 1D. TIME F INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCUR	RED 21F, HOW DIE	INJURY	OCCUR?		
	FINJURY		m.	WHILE AT NOT WHILE			, /		
	22. I horeh	y certify that I att			· X//3 19×	9/10	1/10 1	ST that I	last saw the
	deceased a		19	and that death occu	0/1/	7,	e causes and or	,	
	23A. SIGNA		-, 20		238. ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o canoco ana o		ATE SIGNED
		1 min	2	м. D.	107 2	· Wa	NW	3	1/3/17
2 TI	4A. BURIAL. ON, REMOVAL (S	CREMA- 24B. DATE		24c. NAME of CEMET	ERY OR CREMATORY	24D. LO	CATION (City, to	wn, or county)	(Staye)
	B	3/12/5:	I	Glen Haven		Glen	Burnie, M	d.	
	ATE RECEIVE		SSIGNAT	URE	25. FUNERAL DE		2	ADDRES	s
-	WAR I	1951 Hamit	water	Milliants, MA	Lever Z &	, En	- I3	O E. For	t Ave.
-	VS 150		6 -		1		/	0.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No...

BI	RTH NO.				
	NAME OF DECEASED Zepha Tingle	2. DATE OF March 9, 1951			
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution: residence A. STATE B. COUNTY before admission)			
В.	FULL NAME OF (If not in hospital or institution, give street address or	Md WiComico			
	STITUTION (L.)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
1	University Mospiral	Welmar KT			
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED	8. DATE OF BIRTH 19. AGE (In years) If Under 1 Year If Under 24 House			
	M WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year Months: Days Hours Min. 5. 1816 9. AGE (In years If Under 1 Year Months: Days Hours Min.			
1C worl	A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLAGE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY			
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	Zono	Sally Workman			
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL. s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17, INFORMANT ADDRESS			
(20	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Stilla Tingle - Rt. 30 - Welman Del.			
	18. 7 +4 (CAUSE C	OF DEATH			
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH			
13	James and the mode of all mode of all the billions and the billions are all the billions and the billions are all the billions and the billions are all	ventricular, + subarachnes			
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	nemorrhage			
	ANTECEDENT CAUSES	',,			
ZO	(B) Congenital anectysm of antemps				
5	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	cerebral wrtery			
CA	UNDERLYING CONDITION LAST.				
Ī.					
RTI	OTHER SIGNIFICANT CONDITIONS CDN-				
H H	TRIBUTING TO THE DEATH, BUT NOT RELATED TD THE DISEASE OR CONDITION CAUSING IT.				
J	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	AJION 20. AUTOPSY?			
A	3-8-51 Cong. aneurysm (w	ith bleeding anti-corebral artist. YES NO L			
EDIC.	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH				
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?			
K	FINJURY WHILE AT NOT WHILE M. WORK AT WORK				
	22. I hereby certify that I attended the deceased from 3	- 4 1957 to 3 - 9 1957 that I last saw th			
	deceased alive on 1 - 9 1951, and that death occur				
		38. ADDRESS 23C. DATE SIGNED			
H	James Browne M.D.	Universely Hospital 3-9-51			
24	ON REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)			
	Dirial 3-12-57 / Melsons (em. I helman hickaware.			
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS			
D	RI 1958 - The for Interest of	It I Marve Co Lelmar bel.			
N T	VS 150	-01 CM:10 0 96			
		Toma C. Marca, Smadonas.			
	10	010			



-	6	0	51	2287

BALTIMORE CITY HEALTH DEPARTMENT

В	RTH NO. 51-05926 CERTIFICATI	E OF DEATH	Registered No.	
(T		04	2. DATE OF DEATH 3	151
A.	PLACE OF DEATH: Baltimore City, Maryland	A. STATE	Where deceased lived. If ins B. COUNTY	titution : residence defore admission)
H	FULL NAME OF (If not in hospital or institution, give street address or location) SSPITAL OR location		If outside corporate limits, v	vrite RURAL and give township)
3	Mercy Hospital	70 7 17	frural, give location)	7-05
	ength of stay in Baltimore Mos. Days		ItA Avenue	
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 3/9/5/	9. AGE (in years last birthday) Month	ler I Year If Under 24 Hours as Days Hours Min.
worl	A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired) 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country) 12	WHAT COUNTRY
13	PAUL S. Gilroy	14. MOTHER'S MAIDEN I	J. Kell	eR.
(Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? o, no-or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT SAME	(M. Rev) ADD	RESS
	18. 7625 CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	telectorsis		30 ho.
		1 . +		
NO O	DISEASES OR CONDITIONS, IF ANY, GIVING	m m aturity		
CATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)			
CERTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
7	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., i. ebout home, farm, factory, street, office bldg., c	n or 21c. WHERE DID otc.) INJURY OCCUR?	(If in Baltimore City, give	YES NO A
N	FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID INJUS	RY OCCUR?	
		3 19, 1951, to		that I last saw the
	deceased alive on 3,00, 1951, and that death occur 23A. SIGNATURE 2	rred at A.m., from	the causes and on the	date stated above
_	Brehand I forma M.D.	Jurey / So	syntal	3/10/17
	Cemoral 3/11/5/ Fryte	unual tong	onathous	, Med
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	Meldred J	1 1/4/ / ///	oog hark.
-	VS 150	7	0	1 / 10

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PARKOLL

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CERTIFICATE OF DEATH

В	RTH NO. CERTIFICAT	E OF DEATH Registered No.	
1.	NAME OF DECEASED Well- M. E	M m 2. DATE OF DEATH	erch'51
3 A	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If ins	titution: residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or ospital OR location)		vrite RURAL and give
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	d
-	Length of stay in Baltimore Days SEX 6.COLOR OR RACE WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years Illuming last birthday) Month	let I Year If Under 24 Hours ns: Days Hours: Min.
10	USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	Jon 15 18 95 5 6 11. BIRTHPLACE (State or foreign country) 12	2. CITIZEN OF
wor	INDUSTRY		WHAT COUNTRY
	Well M. Emnit	14. MOTHER'S MAIDEN NAME ESTABLE	
(Ye	WAS DEČEASED BYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Web Mr. Emit 53	RESS Bionside
	18. /4/ X , CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	Irol arterial acclusion	, 2 hrs.
z	ANTECEDENT CAUSES	errong of tonger	
ATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	10	
FIC	, wi	to metastoses	6 mas.
CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
EDIC	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg.,		
Σ	PID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT NOT WHILE AT WORK AT WORK		
	22. I hereby certify that I attended the deceased from	narch, 195/, to 9 march, 195/, t	hat I last saw the
	deceased alive on Thousand 195 and that death occur	rred at 1. 20 m., from the causes and on the	
2	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OF CREMATORY 24D. LOCATION (City town, or	march 51 county) (State)
1/2	Sund 3/12/51 Friendship	Cen. A.A. Co.	md
LD	ATE RECEIVED BY REGISTRAR'S SIGNATURE	1111 61/1/4 61 . 01:	DDRESS
==	VS 150	/	450
			700

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2289

BI	RTH NO.				
	NAME OF DECEASED RIE	IA GOLD	SCHMITT	OF DEATH J.	-10-51
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived, I B. COUNTY	f institution: residence before admission)
	FULL NAME OF (If not in hospit	al or institution, give street address or location)		4-11	the state of the s
	STITUTION Z301 Wh	etter ave	Caltino	outside corporate im	its, write RURAL and give township)
		Yrs.	D. STREET ADDRESS IF	rural, give location)	0120
	Length of stay in Baltimore SEX 6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	H Under 1 Year H Under 24 Hours
7	a last	WIDOWED, DIVORCED (Specify)		last birthday)	Ionths Days Hours Min.
10	A, USUAL OCCUPATION (Give kind of	10B. KIND OF BUSINESS OR	11. BIBTHPLACE (State or fo	preign country)	12. CITIZEN OF
Work	done during most of working life, every if retired)	INDUSTRY	Verman	m	WHAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
_	Jerman		Sara	U	
Yes (Yes	. WAS DECEASED EVER IN U.S. ARMEI , no or unknown) (If yee, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17 INFORMANT	almett :	ADDRESS
	18. 3 2 2 X	CALICE	OF DEATH	Cyvrian -	INTERVAL BETWEEN
	DISEASE OR CONDITION) I o M		ONSET AND DEATH
	(This does not mean the mode of	TH (rebral Ston	frais	1/2 hour
	heart failure, asthenia, etc. It mes injury or complication which of		- 1		
	ANTECEDENT CAUS	ses //	7-1.	7.42	4/2/
Z	DISEASES OR CONDITIONS, I	(B)	varo-soles	read fire	270/ans
F	RISE TO THE ABOVE CAUSE (A)	STATING THE DUE TO			
ICA			We to the		
TIF	11	(C)	- There was		
CERT	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED	lone		
7		98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
SAL					YES NO L
EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	218. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,		f in Baltimore City,	give exact location)
Σ	FINJURY (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	MOORY	m. WHILE AT NOT WHILE			
	22. I hereby certify that I att	tended the deceased from Mis		Ward , 19:	2, that I last saw the
		19 57. and that death occu		he causes and on	the date stated above.
	23A. SIGNATURE	de 1- 10	23B. ADDRESS	Il don.	3/10/57
24	W. BURIAL, CREMA- 248. DATS	24c. NAME OF CEMETE	ERY OR CREMATORY 24D. L	OCATION (City, tow	n, or county) (State)
	REMOVAL (Specify) 3/11/19	151 Rosedul	B	water	nel
D	ATE RECEIVED BY REGISTRAR	S SIGNATURE	24. FUNERAL DIRECTOR		ADDRESS
	MAR 1 11951	totor M. Warris Min	pulk Jeurs ine	- 2100	Gulaw 16
	VS 150	V			X2R
					0010

mi Nouth Road MHZQLASCO MARKON CARMIDIT

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BI	RTH NO.				
	NAME OF DECEASED houis	ISE	AR	2. DATE OF DEATH 3-9	7-51
	PLACE OF DEATH: Baltimore City, Maryland		A. STATE	(Where deceased lived, if inst B. COUNTY	titution : residence before admission)
H	FULL NAME OF (If not in hospital or institu	tion, give street address or location)	C. CITY OR TOWN	(If outside corporate limits, w	
	STITUTION Z821 Sidger	vood ave	Galtin	vore 15	township)
	Length of stay in Baltimore	Yrs. Mos. Days	2821 1	(If rural, give location)	ave
	SEX 6. COLOR OF RACE 7. SING	E. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years It Und last/birthday) Month	er I Year H Under 24 Hours is: Days Hours Min.
10	A. WUAL OCCUPATION (Givekindof) 10B, KIN	D OF BUSINESS OR	11 EURTHPLACE (State of	62	CITIZEN OF
worl	denyduring most of working life, even if retired)	INDUSTRY	Charlest	ou S. C.	WHAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
/	taeon		Hamah		
Y.	. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17 INFORMANT	//	aul
	18. 422 /	CAUSE	OF DEATH	70	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	7		1 1 "	about
	LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc., It means the dises		yocoro	uto	31/2 yrs
	injury or complication which caused dea	th.) DUE TO			>
z	ANTECEDENT CAUSES	(B) a	sterrosc	lerosis	•
TION	DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING ' UNDERLYING CONDITION LAST.				
FICA	SHEELTING CONDITION LAST.				
RTIF	OTHER SIGNIFICANT CONDITIONS CO	(C)			
CE	TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING				
7	19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICA	21a. ACCIDENT. SUICIDE, 21b. PL	ACE OF INJURY (e.g., i	n or 21c. WHERE DID	(If in Baltimore City, give	YES NO E exact location)
	HOMICIDE (Specify) about home	e, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
Σ	ID. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR		URY OCCUR?	
	m.	WHILE AT WORK AT WORK		411	2
	22. I hereby certify that Lattended th	o account of the	-7.9 4 10 1	/. /	that I last saw the
	deccased alive on 3/8/11,-19	and that death sccur	23B. ADDRESS	m the duses and on the	23c. PATE SIGNED
	Hathaulsh	м. D.	1810 Cut	aw Oli	3/10/51.
TI	AA/BURIAL, CREMA- 24B. DATE OFFREMOVAL (Specify) -//-//	rebrew Th	RY OR CREMATORY 241	b. LOCATION (City, town, or	Zud (State)
	ATE RECEIVED BY REGISTRAR'S SIGNAT	URE O	E. FUNERAL CIRECTO	SR O	ODRESS O
	MARI 1195; Tuttu tor 11	NA AMERICA	tell heur	on 21006	itail /X
	VS 150	. 0	9010		93)
			1060		

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6	1351 2291 BALTIMORE CITY HEAD	LTH DEPARTMENT	2231
	Beautificate CERTIFICATE	OF DEATH Registered No.	
	NAME OF DECEASED	- 12. DATE	
	Type or Print) BERSTEIN, SOPHI	6 OF 3-9-	51
	. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution	
	Baltimore City, Maryland FULL NAME OF (If not in Aspital or institution, give street address or	S. STATE B. COUNTY	before admission
H		CITOOR TOWN (If outside corporate limits, wr.	
4	Mana	15 altimore 13	- O Jownship
	Yrs. Mos.	o. STREET ADDRESS (If rural, give location)	
c	ength of stay in Baltimore	2308 Gutant Ma	عف
1	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	DATE OF BIRTH 9. AGE (In years Under last birthgay) Months	Year H Under 24 Hours Days Hours: Min.
e	male but morried	144	
WOL	rk done during most of working life, even iffectived) INDUSTRY		CITIZEN OF WHAT COUNTRY
2		1 ocaria	1.3.9
13	3. FATHER'S NAME	4. MOTHER'S MAIDEN NAME	
	Denjamu	brea,	
(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 1. security No. 1. secu	7/INFORMANT ADDR	ESS
_	100	anuel perusieur -	yame.
	1B. 36 /X CAUSE OF	DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	MATARY FAIL WE	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	INATORY FAILURE	8 hus
	injury or complication which caused death.) DUE TO	TRAL ORIGIN	00
			70 mms
	ANTECEDENT CAUSES		10 mms
NO	ANTECEDENT CAUSES		40 mm
NOITY	DISEASES OR CONDITIONS, IF ANY, GIVING		10 mm
CATI	DISEASES OR CONDITIONS, IF ANY, GIVING	I leukotomy.	20 ,
IFICATI	DISEASES OR CONDITIONS, IF ANY, GIVING		20 ,
RTIFICATI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (B) (C)		20 ,
IFICATI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	d leukotomy	20 ,,,,,,
L CERTIFICATI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) FRONTO	d leukotomy	20. AUTOPSY?
CAL CERTIFICATI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT	leukotomy.	YES NO
EDICAL CERTIFICATI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, [arm, factory, street, office bldg., etc.)	TION (Cycr) 21c, WHERE DID (If in Baltimore City, give	YES NO
CAL CERTIFICATI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or	ION 21c. WHERE DID (If in Baltimore City, give of INJURY OCCUR?	YES NO
EDICAL CERTIFICATI	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE	ION 21c. WHERE DID (If in Baltimore City, give of INJURY OCCUR?	YES NO
EDICAL CERTIFICATI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 1NJURY WHILE AT NOT WHILE AT NOT WHILE AT WORK	10N 21c, WHERE DID (If in Baltimore City, give of INJURY OCCUR?	YES NO Pexact location)
EDICAL CERTIFICATI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from	ION 21c. WHERE DID (If in Baltimore City, give of INJURY OCCUR? 21f. HOW DID INJURY OCCUR?	YES NO Pexact location) at I last saw th
EDICAL CERTIFICATI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE AT WORK AT WORK AT WORK AT WORK AT WORK deceased alive on 1991, and that death occurred	21c. WHERE DID (If in Baltimore City, give of INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 1957, to 3 - 9 , 1957, the dat 126 pm., from the causes and on the day	YES NO Pexact location) at I last saw the ate stated above
EDICAL CERTIFICATI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE AT WORK AT WORK AT WORK AT WORK AT WORK deceased alive on 1991, and that death occurred	21c. WHERE DID (If in Baltimore City, give of INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 1957, to 3 - 9 , 1957, the dat 126 pm., from the causes and on the day	YES NO Pexact location) at I last saw th
MEDICAL CERTIFICATI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 3 1, 19 3 and that death occurred 23A. SIGNATURY 4A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMERERY	21c. WHERE DID (If in Baltimore City, give of INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 3 195 to 3 - 9 195 the dat 12 pm., from the causes and on the day. ADDRESS 123	at I last saw thate stated above
MEDICAL CERTIFICATI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE AT WORK 23A. SIGNATURE 23B.	21c. WHERE DID (If in Baltimore City, give of INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 3 195 to 3 - 9 195 the dat 12 pm., from the causes and on the day. ADDRESS 123	at I last saw thate stated above
MEDICAL CERTIFICATI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (6. g., in or about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE MORK AT WORK AS AS ISSNATURE 334. SIGNATURE 34C, NAME OF CEMESERY AT RECEIVED BY REGISTRAR'S SIGNATURE 11	21c, WHERE DID (If in Baltimore City, give of INJURY OCCUR? 21f. HOW DID INJURY OCCUR?	at I last saw thate stated above
MEDICAL CERTIFICATI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE THE WORK AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 19 and that death occurred 23A. SIGNATURY 24B. DATE 24C. NAME OF CEMERRY 3 4A. BURÎAL, CREMA- 24B. DATE 24C. NAME OF CEMERRY 3 4A. BURÎAL	21c. WHERE DID (It in Baltimore City, give of INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 3 9 9, to 3 9 9, the dat Apm., from the causes and on the decoration (City, town, or compared to the control of th	at I last saw that stated above BC. DAJE SIGNED
MEDICAL CERTIFICATI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (6. g., in or about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE MORK AT WORK AS AS ISSNATURE 334. SIGNATURE 34C, NAME OF CEMESERY AT RECEIVED BY REGISTRAR'S SIGNATURE 11	21c. WHERE DID (It in Baltimore City, give of INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 3 9 9, to 3 9 9, the dat Apm., from the causes and on the decoration (City, town, or compared to the control of th	at I last saw that stated above BC. DAJE SIGNED

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DO NOT COPY ON ANY TRANSCRIPTS - For statistical purposes only

"Operation for Intractable atypical facial pain." Trigeminal Neuralgia - possible in ment of 7th nerve as well, but essentially the 5th. No paralysis. Etc

See Document Fi e 51-2291 3/20/51 FS

unue 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (Yes, no or unknown)

CATION

RTIFI

EDICA

13. FATHER'S NAME

18. DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

UNDERLYING CONDITION LAST.

16. SOCIAL SECURITY NO.

CAUSE OF DEATH

21F. HOW DID INJURY OCCUR?

DUE TO

DUE TO

101

1.1 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

> 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID (If In Baltimore City, give exact location) INJURY OCCUR?

ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY

NOT WHILE! WHILE AT! WORK

22. I hereby certify that I attended the deceased from Marc 19 5/to Muscky, 19 , that I last saw the deceased alive on Many 9, 1951, and that death occurred a 2:05 1 m., from the causes and on the date stated above. 23c DATE SIGNED

23A. SIGNATURE

ai Hospelas

mari BURAL, CREMA-24B. DATE , REMOVAL (Speify)

21A. ACCIDENT WAS UNDER

CAUSE OF DEATH

LYING OR CONTRIBUTING

NAME OF CEMETERY OR CREMATORY

24b. LOCATION (14, town, or county)

wiea DATE RECEIVED BY LOCAL REGISTRAR

VS 150

REGISTRAR'S SIGNATURE

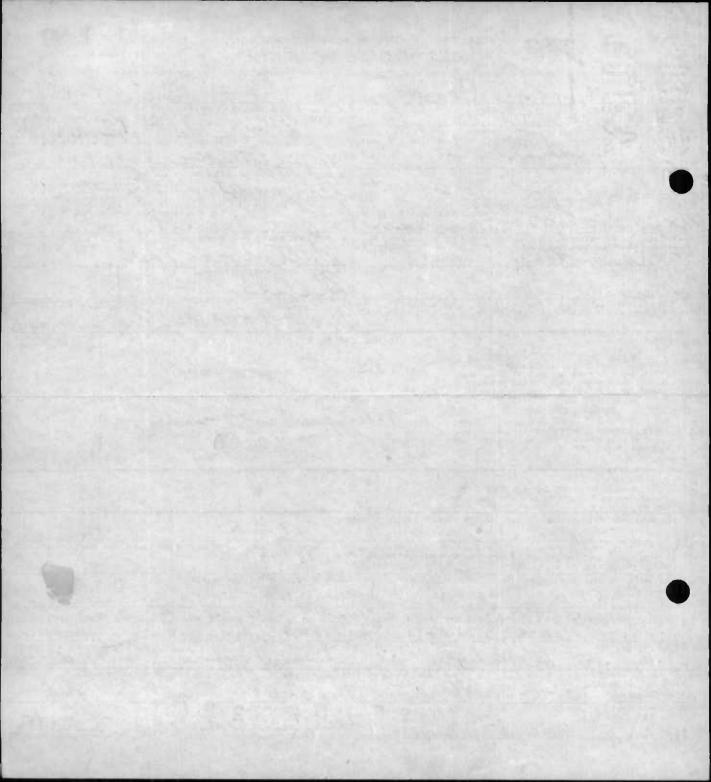
ADDRESS

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

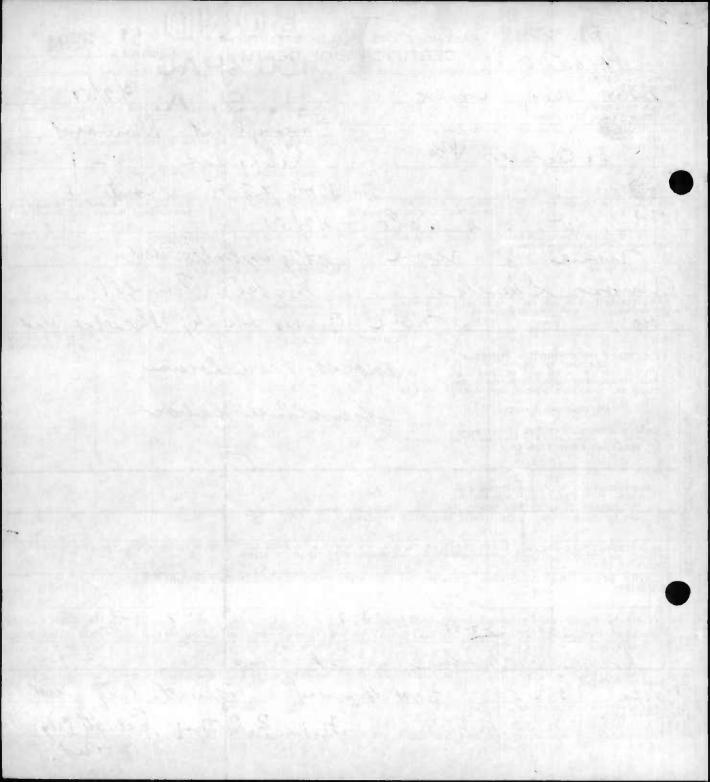


BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution ; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or densero HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION (If rural, give location) V D. STREET ADDRESS Mes. Length of stay in Baltimore 9. AGE (h years | 11 Under | Year | H Under 4 Hours | Months Days | Hours Min. 5. SEX 7. SINGLE, MARRIED 6. COLOR OR RACE 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) marned 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT, COUNTRY 13. FATHER & NAME U.d.a. 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) SECURITY NO. your NTERVAL BETWEEN 18. CAUSE OF DEATH 260 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY nyrcardeal defact LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Desbeter acidores mil 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., in or 2 Ic. WHERE DID (If in Baltimore City, give exact location) ō HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE! ____, 1952, that I last saw the 22. I hereby certify that I attended the deceased from. 3-8, 1951, and that death occurred at 314 m., from the causes and on the date stated above deceased alive on_ 23A. SIGNATURE 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. 24C. NAME OF GEMETERY OR CREMATORY BILAU-DATE RECEIVED BY REGISTRAR'S SIGNATURE BUNERAL DIREC ADDRES! LOCAL REGISTRAR

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520	6115	NK	
51 8	294 BALTIMORE CITY III	EALTH DEDARTMENT	54 0000
W		EALTH DEPARTMENT E OF DEATH Re	egistered No.
I. NAME OF DECEASED	70		
(Type or Print)	y · SHENK	2. DATI	3/2/51
3. PLACE OF DEATH:	CHENA	DEAT 4. USUAL RESIDENCE (Where decea	
A. Baltimore City, Maryla	nd '		COUNTY before admission)
B. FULL NAME OF (If not in	n hospital or institution, give street address or location)		Howard
INSTITUTION C.	NAO.	C. CITY OR TOWN (If outside eor	rporate limits, write RURAL and give
4 of ug	rus V	Uklidge	2
	Yrs. Mos.	D. STREET ADDRESS (If tyral, give	location)
ength of stay in Baltin	nore Days	1204 257	Parte 4
5. SEX 6. COLOR OR	RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE	(In years Under Year H Under 24 Hours irthday) Monthe Days Hours Min.
W W	Augle	2/7/51	
IOA. USUAL OCCUPATION (Gi- work dana during most of working life, even	vakindnf 105. KIND OF BUSINESS OR if retired) INDUSTRY	II. BIRTHPLACE (State or foreign coun	
_ Trone	none	At Caus Bults	WHAT COUNTRY
13. FATHER'S NAME	0 0	14. MOTHER'S MAIDEN NAME	
amos	I bearle	Mental Pa	
15. WAS DECEASED EVER IN U. S	ARMED FORCES? 16. SOCIAL	17. INFORMANT	A ADDRESS
(Yes, an or unknown) (If yes, giva wa	ar nr dates of service) SECURITY NO.	Course Sheck.	Ellanieles Zud
118. 7/2.5	CALISE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDI		OI BEATH	ONSET AND DEATH
LEADING TO	D DEATH	via neonatoru	m
heart failure, asthenia, etc.	. It means the disease.		
injury or complication v			
ANTECEDENT	CAUSES	emature labo	V
DISEASES OR CONDITI	(8)		
RISE TO THE ABOVE CAUS	SE (A) STATING THE DUE TO		
0	(C)		
OTHER SIGNIFICANT TRIBUTING TO THE DEATH			
OTHER SIGNIFICANT			
TRIBUTING TO THE DEATH			
19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
I S S S S S S S S S S S S S S S S S S S			YES NO
21A. ACCIDENT WAS UN LYING OR CONTRIBUT		n nr 21c. WHERE DID (If in Baltin	more City, give exact location)
LYING OR CONTRIBUT	ING	Madri occorr	
121D. TIME (Month) (Day)	(Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?	7
F INJURY	WHILE AT NOT WHILE		
	m. WORK AT WORK	3 7.5	5/
22. I hereby certify that	t I attended the deceased from 3-	, 1926, to 3	, 195/, that I last saw the
23A. SIGNATURE	5 Am, 27- and that death occur	rred at m, from the causes	s and on the date stated above.
	I make	At Genes	23C. DATE SIGNED
24A. BURIAL, CREMA- 24F.	DATE 24C, NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION	(City, town, or eounty) (State)
24A. BURIAL, CREMA- 24F. E	1-1 2 11	1. 1 600 -	+ aT
DATE RECEIVED BY REGIS	STRAR'S SIGNATURE	ener elling	uly mid
LOCAL REGISTRAR	- 41 6 16/15	25. FUNERAL DIRECTOR	CATION
MAR 1 11951 1 %	milie glor Miliante, M.	I Vigurallon	, celudy Cely
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			159 ma.



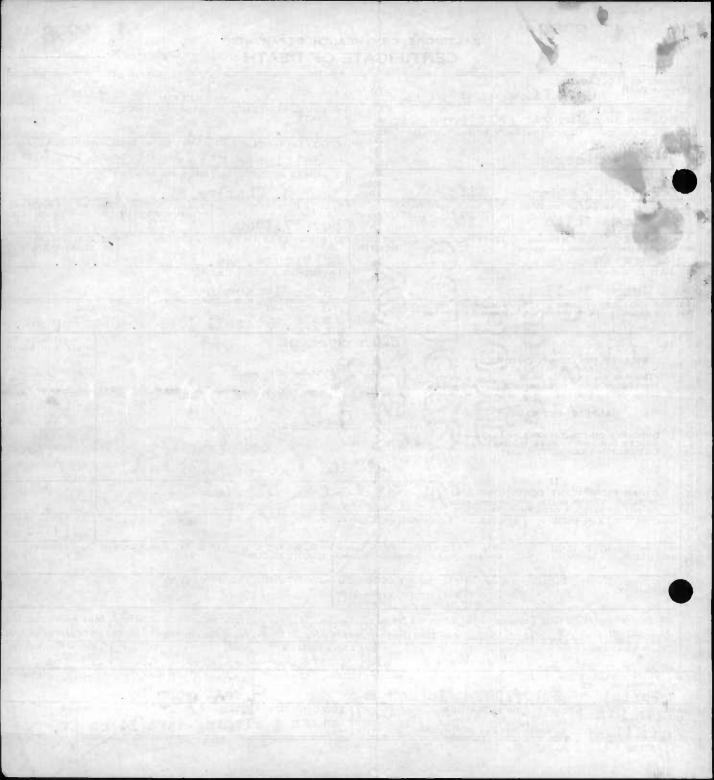
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No...

ВІ	RTH NO.	L OI DEATH	
	NAME OF DECEASED The or Print) NAME OF DECEASED TO PRINT THE STREET OF	en 2. DATE OF DEATH WA	rch 8,1951
	Baltimore City, Maryland JOHNS HOPKINS MENNIN.	4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	stitution : residence before admission)
HC	FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location STITUTION		write RURAL and give
4		12 millione 5-0	6
C.	Length of stay in Baltimore Longth of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)	5 <i>h</i> .
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	last birthday) Mont	ths Days Hours Min.
7	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11LETRIHPLACE (State or foreign country)	
work	done thying most of working life, even if retired) INDUSTR'		WHAT COUNTRY
13	FATHER'S NAMES Purples	MOTHER'S MAIDEN NAME PIS	torio
15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO.	17. INFORMANT JOHNS HOPKING MARKET ADE	DRESS
-	110 1 110ne 217-24-47	16	INTERVAL BETWEEN
		OF DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	who wish Davis Den Duna	About 8
		mboutopeure peupeuro	1-100200
	injury or complication which caused death.) DUE TO		waty.
_	ANTECEDENT CAUSES		
0	DISEASES OR CONDITIONS, IF ANY, GIVING		
A	UNDERLYING CONDITION LAST.		
RTIFICA			
F	(C)		
田田	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
O	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	PATION	20. AUTOPSY?
AL	TOWN DATE OF ON ENAMED IN THE MISS OF STEEL		YES NO
EDICAL	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g.,		
	HOMICIDE (Specify) about home, farm, factory, atreet, office bldg.	,,etc.) INJURY OCCUR?	
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?	
	F INJURY while at work at work at work		
			that I last saw the
	deceased alive on 3-5, 1951, and that death occur	31100	
		23B. ADDRESS JAVID	23c. DATE SIGNED
	Serteman a. Valoudes M.D.	MARS NOPLIAS KUNKE	March 9, 1951
24	A. BURIAL, CREMA- 24B. DATE 24C, NAME OF CEMET 18, REMOVAL (Specify) 3-12-1951 Troug head	emel Selace fd, Dall	o: Mo (State)
DI	TE RECEIVED BY REGISTRAR'S SIGNATURE	SE FONERAL DISECTOR 10 -173 C	ADDRESS
Ш	MI 1951 Penstructor Williams Ha	Joseph Joseph	maura
	VS 150		no

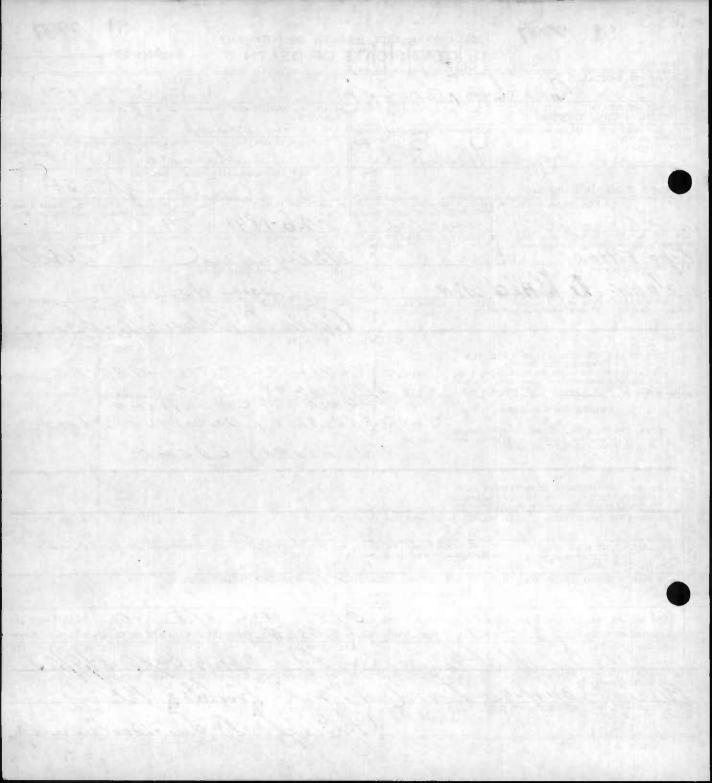
Water Asta Collaboration (A) Augustin - Lander of the second secon A Principal Control of the Control o W. Landeller Lamine,

BALTIMORE CITY HEALTH DEPARTMENT

B	IRTH NO.			CERTIFICATI	E OF DEAT	H Registered N	То
1.	NAME OF D	ECEASED	1			2. DATE	
	Type or Print)	MARYC.	VALE	NTINE		DEATH 3-	9-51
A.	Baltimore (EATH: City, Maryland	Baltim		4. USUAL RESIDE A. STATE Md.	ENCE (Where deceased lived, If B. COUNTY	institution: residence before admission)
H	OSPITAL OR	OF (II not in nospit	ai of Institut.	location)		(If outside corporate limits	
1	4	Lutheran H	osp.		Baltimo	re City 23	- 0 2 township)
				Yrs. Mos.	D. STREET ADDRE	SS (If rural, give location)	
		tay in Baltimore	Lif	e Days	1517 S. C.	harles St.	
5	remale Female	White	7. SINGLE WIDOW	E. MARRIED. PED. DIVORCED (Specify) OWEQ	8. DATE OF BIRTH	last birthday) Mo	Under 1 Yeer If Under 24 Hours nths Days Hours Min.
10 war	k done during most	CUPATION (Give kind of a working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	Housewi				Baltimore		U.S.A.
	Henr	y Stallman	n	1646 55 56	Anna Hen		
15		D EVER IN U. S. ARME		16. SOCIAL	17. INFORMANT		DDRESS
(Ye	e, no or unknown)	(If yes, give war or date	es of service)	SECURITY NO.	Mary E. Ru		harles St.
	18. 4	2.1			OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY		ρ ,		ONSE! AND DEATH
	heart failt	LEADING TO DEA s not mean the mode are, asthenia, etc. It mes complication which	of dying, e. 1 ans the diseas	e,	heumoni	a	2 Days
	mjury or			.) 502 10			
z		ANTECEDENT CAU	545	(B)	cacheria		
	RISE TO T	S OR CONDITIONS, I	STATING TH				
Y	UNDERL	YING CONDITION L	AST.	1 -	0	1	4.40
FIC		11		(C) Den	le 1 sy	chosis	182
ERT		SIGNIFICANT COND			ind arter	iselerous	
Ü		F OPERATION			ATION		20. AUTOPSY?
AL		2					YES NO
EDIC	21A. ACCIDE HOMICIDE	ENT. SUICIDE, (Specify)		CE OF INJURY (e. g., ii arm, factory, street, office bldg.,			rive exact location)
Σ	21D. TIME F INJURY	(Month) (Day) (Year		21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
			m.	WHILE AT NOT WHILE			
		y certify that I at	tended the	deceased from	15,19	, to $3-9$, 195 , from the causes and on the	, that I last saw the
		live on 3-9	_, 195/,			, from the causes and on th	
	234. SIGNA	eley K.	Steent	och M.D.	38. ADDRESS	Hop Ind	3-9-5/
2 TI	4A. BURIAL.	CREMA- 24B. DATE		24c. NAME OF CEMETE	The St. A. S. W. C. L. C.		or county) (State)
	Buria	1 3/12/	1951	Loudon Par	k	Baltimore Md.	1000566
	ATE RECEIVE OCAL REGIST MAR 1 11		'S SIGNATU	liams, Mil	Flynn & F	leming I426 Li	address ght St.
	VS 150	JJ1	12000				



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51 2297 BALTIMORE CITY HI	EALTH DEPARTMENT 51 2297
	E OF DEATH Registered No
BIRTH NO.	
(Type or Print) CHARLES. BALDWI	2. DATE OF 3-9-1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE) B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION () I I I I I	C. CITY OR TOWN If outside corporate limits, write RURAL and give
4 3/ Agres / sepilal	Darunare de l'
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In yey) If Under I Year If Under 24 Hours
male white married	3-26-1891 Inst birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR INDUSTRY	11. BARTHPLACE (State or foreign country) 12. CITIZEN OF
INDUSTRY	Mary Jaced WHAT COUNTRY
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John. G BALdwin	Liegia Souls
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. LAFORMAND ADDRESS ADDRESS
	Called G. Walderry - Same.
18. Hrr. /	OF DEATH INTERVAL BETWEEN DNSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., (A)	EPIOSCLENOTIC CARROLD.
injury or complication which caused death.) DUE TO	SCULHR DISERSE
ANTECEDENT CAUSES	SCULBR DISERSE HONARY EMPLYSEMA
Z (B) C.B.	POINC + BRONCHIAL PROPLATE -
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	LMOWRRY EDEMB
<u> </u>	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
, 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
O D D D D D D D D D D D D D D D D D D D	YES ND
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg.,	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?
MHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 3	8 , 197, to 0/9 , 197, that I last saw the
	red at 246 Am., from the causes and on the date stated above.
	38. ADDRESS 23c. DATE SIGNED
Mon Mary M. D.	- 1. augus Hord. 3/9/01
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY DR CREMATORY 240 DOCATION (City, town, or county) (State)
Mining 3/12/1951 done Smel	Tack. Wallet Held
DATE RECEIVED BY REGISTRAR'S SIGNATURE	S FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	19/1/6/2/x San 12 5 4 180
	Markey Lange 1000 Carrent 12
VS 150	7450 930

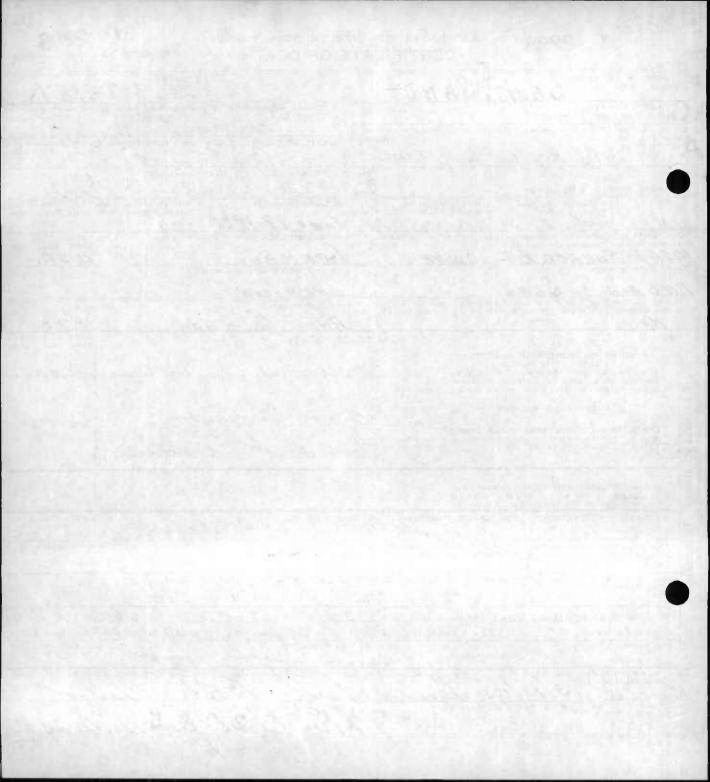


BALTIMORE CITY HEALTH DEPARTMENT 2298

BIRTH NO. CERTIFICAT	TE OF DEATH Registered No.
	2. DATE
(Type or Print) LOUIS, SAND	OF 3-7-/95/
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address	or maryand Latters
HOSPITAL OR INSTITUTION A 10 1. L Plocation	c. Cit ok lown guiside corporate limits, write RURAL and give
J. ST. Agues Apphital	Bultimer & township)
Yrs. Mos	
ength of stay in Baltimore Day	1 Tdo, Jensingen Road
5. SEX 6. COLOF OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Bootif	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours) last birthday) Months: Days Hours: Min.
wall would married	Vure 28-1885 65
10A. USUAL OCCUPATION (Givekiod of 10B. KIND OF BUSINESS OR rork dooe during most of worklog life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
MEAT- PACKER ROV- OWNER	GERMANY USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ANDRIA SAND	UNKNOWN.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, oo or uokoowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
No	ANNA G. Sand. Sanie.
18. /5/X , CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	ONSE! AND BEATH
(This does not mean the mode of dying, e.g., (A)	yeardeal Insaction 4days
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	Keno-Concersons of 4 ms.
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	mach & Melastasio
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
. 19A. DATE OF OPERATION . 198 MAJOR FINDINGS OF OPE	RATION 2 1 20. AUTOPSY?
	leno- Co of Stomach YES NO 9
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g.	io or 21c. WHERE DID (If in Baltimore City, give exact location)otc.) INJURY OCCUR?
CAUSE OF DEATH	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	
m. WHILE AT NOT WHILE AT WORK AT WORK	
	2-18, 1951, to 3-7, 195, that I last saw the
deceased alive on 3-7, 1951, and that death occur	erred at 1040 m., from the causes and on the date stated above.
Stephen K. Paphrosis	St. agree Hospital 23c. DATE SIGNED
24A. BURIAL. CREMA- 24B. DAJE . 124C NAME OF CEMET	ERY OR CREMATORY 240 LOCATION (City, town, or county) (State)
TION REMOVAL (Specify) 3/12/1951	Pack Balla. Il.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	PS. FINERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	1. 15. 21/2 12 8 S. 19 8 L m
THE THE PARTY OF T	I work Dour 1000 cure Ky

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51 2299

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

S1 2299 Registered No.

BIRTH NO.				
1. NAME OF DECEASED			2. DATE	
(Type or Print) ETHI	EL A. UPPERCO		DEATH MARC	H 9-1951
A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If i B. COUNTY	nstitution : residence before admission)
	al or institution, give street address or	READSET AND		,
HOSPITAL OR INSTITUTION 16 M DITT AC	location)		outside corporate limits	, write RURAL and give
INSTITUTION 16 N. PULAS	SKI STREET	BALTIMORE	20-	O 2 township)
	Yrs.	D. STREET ADDRESS (If r	ural, give location)	
c. Length of stay in Baltimore	Mos. Days	16 N. PULASK	I STREET	
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH		Under 1 Year If Under 24 Hours
ETEMAT IN MILITARY	WIDOWED, DIVORCED (Specify)	- E 1000	last birthday) Mor	nths Days Hours Min.
FEMALE WHITE 10A. USUAL OCCUPATION (Give kind of	MARRIED 10B. KIND OF BUSINESS OR	JAN 5 - 1882	reign country)	12. CITIZEN OF
work done during most of working life, even if retired)	INDUSTRY	TI. DIKTII LACE (Deate of 10)	leight country)	WHAT COUNTRY
HOUSEWIFE	AT HOME	ENGLAND		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
THOMAS SAMPSON		MARY J. JENNI	NGS	
15. WAS DECEASED EVER IN U.S. ARME! (Yes, no or unknown) (If yos, give war or date	D FORCES? 16. SOCIAL se of service) SECURITY NO.	17. INFORMANT	AΓ	DDRESS
NO *** *****	**** NONE	GUY L. UPPERCO	Sn 16 N D	al coles Ca
118. 450 1		OF DEATH		INTERVAL BETWEEN
120.11	. 0	LA		ONSET AND DEATH
DISEASE OR CONDITION LEADING TO DEA	TH (() 1-	1,000 ares. This	mercio	2 hrs
(This does not mean the mode heart failure, asthenia, etc. It mes	of dying, e. g., (A)	0,,,,,		
injury or complication which				
ANTECEDENT CAUS	SES ALA	ut Block	/	1/1
Z	(B)	un viven	mer	4 year
DISEASES OR CONDITIONS, I	STATING THE DUE TO	Alu leared	insen	1
UNDERLYING CONDITION L	AST.	Day June	0	
<u> </u>	(6)	Much Alle	aretis.	
OTHER SIGNIFICANT COND				
TRIBUTING TO THE DEATH, BUT	NOT RELATED			
	N CAUSING IT.			20. AUTOPSY?
				YES NO
21A. ACCIDENT, SUICIDE.	218. PLACE OF INJURY (e.g., in	n or 21c. WHERE DID (I	f in Baltimore City, g	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	about home, farm, factory, street, office bidg.,			
5	(Warra) Love to HIRV OCCUPR	ED 215 HOW DID IN HERY	OCCUP?	
ID. TIME (Month) (Day) (Year,			OCCURI	
	m. WHILE AT NOT WHILE		, year	
22. I hereby certify that I at	tended the deceased from	av 1 , 1957 to /	100 to 195	that I last saw the
	1, 19.5 . and that death occur			ne date stated above.
23A. SIGNATURE		38. ADDRESS	01 11	23c. DATE SIGNED
Mar W C	alm M.O.	2145 W 120	ello xl	3/10.51
24A. BURIAL CREMA- 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LC	CATION (City, town,	or county) (State)
BURIAL MAR. 13	- E3 PATMTMODER N	AMTONIAT PART	TOOPE MAE	VI AND
	-51 BALTIMORE N	25 FUNERAL DIRECTOR	THORE MAN	ADDRESS
LOCAL PEGISTRAP	to Williams, Ho	118/11/	6.110	/ /_
-R 11951	To object the contract of	·Malitar	en M	sel-
Vs 150	and the state of t	1300 ETIMAW DI	ACE TO	1210

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51. 2300

BALTIMORE CITY HEALTH DEPARTMENT

51. 2300

BIRTH NO. CERTIFICAT	E OF DEATH Registered No.	
1. NAME OF DECEASED	1 2. DATE /h	1
(Type or Print) Lawrence Her	le DEATH / arcs	411.1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	titution: residence before admission)
B FULL NAME OF (If not in hospital or institution, give street address or		
HOSPITAL OR INSTITUTION LOCATION LOCATION	C. CUTY OF TOYIN (If outside comporate limits, w	rite RURAL and give township)
Yrs.	D. STREET ADDRESS Whire, give location	1
Mos.	1 DOLL HORIDIN	t
5. SEX 6. COLON OR RACE 7. SINGLE, MARKED.	8. DATE OF BIRTH 9. AGE (Jn years) If Und	let 1 Year It Under 24 Hours
WIDOWED, DIVORCED (Specify	1 C-2 5-04 last byrtiday) Month	ns Days Hours Min.
104. USUAL OCCUPATION (Givekinder 108. KIND OF BUSINESS OR		CITIZEN OF
went done during practof work the fife, even if retified) NOUSTRY	ta	WHAT COUNTRY?
13. FATHER'S NAME	14, MOTHER'S MAIDEN NAME	
tredrick C. Hertel	Katherine Dye	2
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT JOHRS HOPEINS HOSPITED	RESS
	VONTO POLICIO HOWATE	
18. 581 . CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	engle's arrhous	9.
(This does not mean the mode of dying, e.g., (A)	ennees arribes	1 wks
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES		
Z (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
<u>(c)</u>		
OTHER SIGNIFICANT CONDITIONS CON-		
TO THE DISEASE OR CONDITION CAUSING IT.	RATION	20, AUTOPSY?
7		YES NO
21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office hldg.		e exact location)
W		
FINJURY OCCURR		
m. WHILE AT NOT WHILE	41	
22. I hereby certify that I attended the deceased from		that I last saw the
deceased alive on 30 1/ , 19 5 and that death occu	fred at 3 m., from the causes and on the	
(Hon VI)	23B. ADDRESS	235 DATE SIGNED
24A. BURIA CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, or	count) (State)
TION (REMOVAL) (Specify) 3/11/57 Page Page	on a posido do los	o. Pa.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	LDRESS
MAR 21951 Fratting for / White alles 11/2	Wm. O. Trokner & Se	ma
VS 150	2 SEC	
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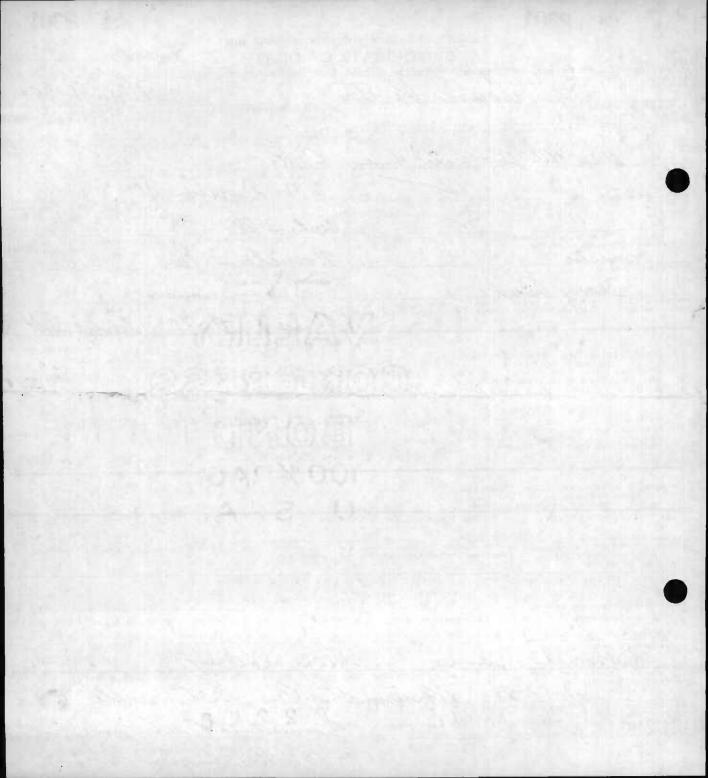
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PHART STREET, SERVING

BALTIMORE CITY HEALTH DEPARTMENT

Re	orist	ered	No_
Acc	SADE	CACU	410-

BIRTH NO.	OLIVIII ICA	TE OF BEATH		
1. NAME OF DECEASED (Type or Print)	una Pari	In	2. DATE Ma	v. 9-1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	Col	4. USUAL RESIDENCE		
B. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION	locati		If outside corporate limits	write RURAL and give township)
Bar-Wil- Ba-	Conv. Home	s. D. STREET ADDRESS (I	if rural, give location)	S townsmp)
ength of stay in Baltimore	/2 Mc	18. 2314 Divi	sion It	
JOSEPH OR MACE 17. 31	NGLE, MARRIED,	Sept. 13-187	7 9. AGE (in years last birthday) Mon	Under 1 Year ff Under 24 Hours this Days Hours Min.
work done during most of working life, even if retired)	KIND OF BUSINESS OR		foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	YAME	2.8.
15. WAS DECEASED EVER TO U. S. ARMED FORCE	ES? 16. SOCIAL	of ane	amison	
(Yes, no or unknown) (If yes, give war or dates of serv	SECURITY NO	Beace Bar	ton - 23/4 De	inala St.
18. 331X1		E OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the injury or complication which caused	g, e. g., (A) Ord	vio selevosi	2	
ANTECEDENT CAUSES	(,	
DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIS		ererrial penns	mage	14.
DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIF UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R	(C)	Decubitus		2 ms.
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS:	ELATED			
, 19A. DATE OF OPERATION 198. MA	AJOR FINDINGS OF OF			20. AUTOPSY?
	. PLACE OF INJURY (e.		(If in Baltimore City, gi	ve exact location)
E CROSE OF BEATH	home, farm, factory, street, office blo			
INJURY (Month) (Day) (Year) (Hour	MHILE AT NOT WH	ILE	Y OCCUR?	
22. I hereby certify that I attended	the deceased from	Jeb 17, 1950, to	mar 9 , 1951,	that I last saw the
deceased alive on Man 9, 19.	1. and that death oc	23B ADDRESS	1	23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE	24C. NAME OF CEME	2445 Drued Hell TERY OR CREMATORY 240.	LOGATION (City, town, o	3-9-1- pr county) (State)
TION, REMOVAL (Specify) 3-/2-5/	Western	Star Com &	atimoriel	le mol
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNAPORT AND LOCAL REGISTRAR AND LOCAL REGISTRAR'S SIGNAPORT AND LOCAL REGISTRAR'S SIGNAPO		25. FONERA DIAECTOR	Sulliva	ADDRESS)
VS 150	121	8A 1011 M /1	li otar l	The daa



51 2202 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 2202

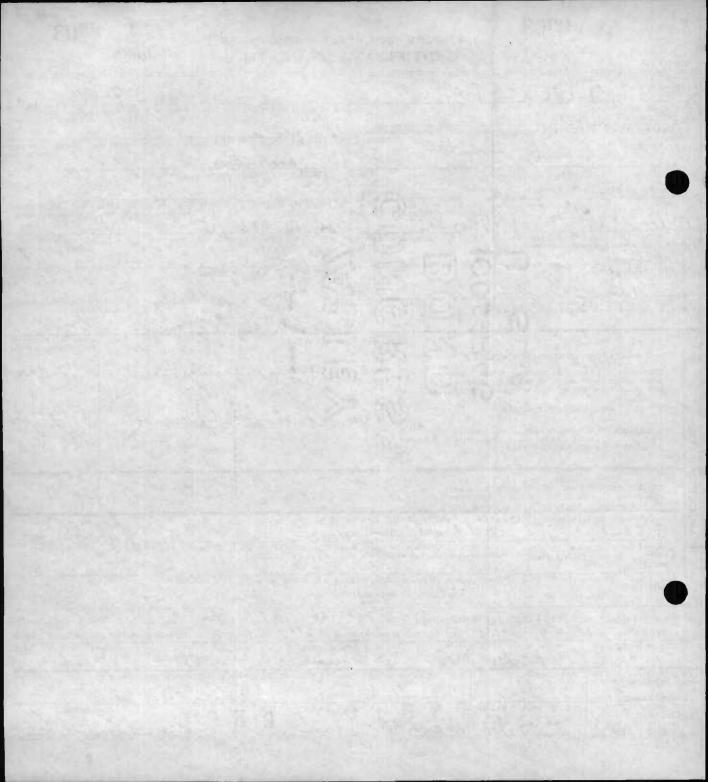
BIRTH NO.	L OI BEATH
	Dziwulski 2. DATE OF DEATH WAY Ch 8/1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Institution)	C. CITY OR TOV N (If outside corporate limits, write RURAL and give
you secous Hospital	Baldimore /- 0 5 township)
ength of stay in Baltimore ? 45 Years Mos. Days	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCE (Specify)	8. DATE OF BIRTH 9. AGE (in years ff Under I Year H Under 24 Hours Months; Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) Lang bhore man	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED FOR IN U. S. ARMED FORCES? 16. SOCIAL	17. WFORMAN Many District RESS
(Yes, no or unknown) (If yes, give wer br dates of service) 215-210-2989	Wife 2108 Goal St.
1631	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., (A)	bral- vascular Accordant?
heart failure, asthenia, etc. It means the disease,	
ANTECEDENT CAUSES	iretory insufficients
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	800 - operative y wellowedowy
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

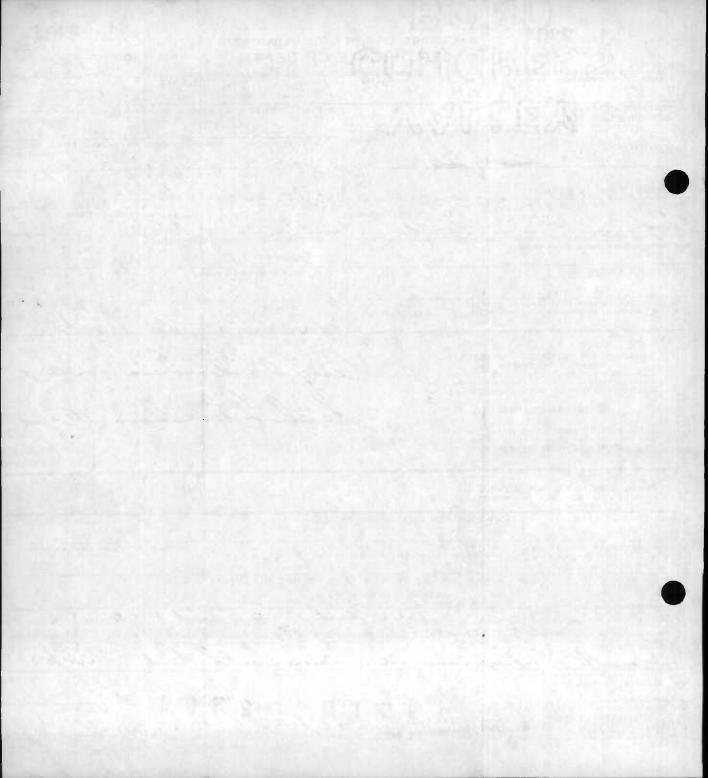
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1. NAME OF DECEASED (Type or Print) OLIVERH.GRAF	2. DATE OF DEATH 3-9-5/							
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission							
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) Mineralty Hospital								
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)							
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	- 1001 101							
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13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
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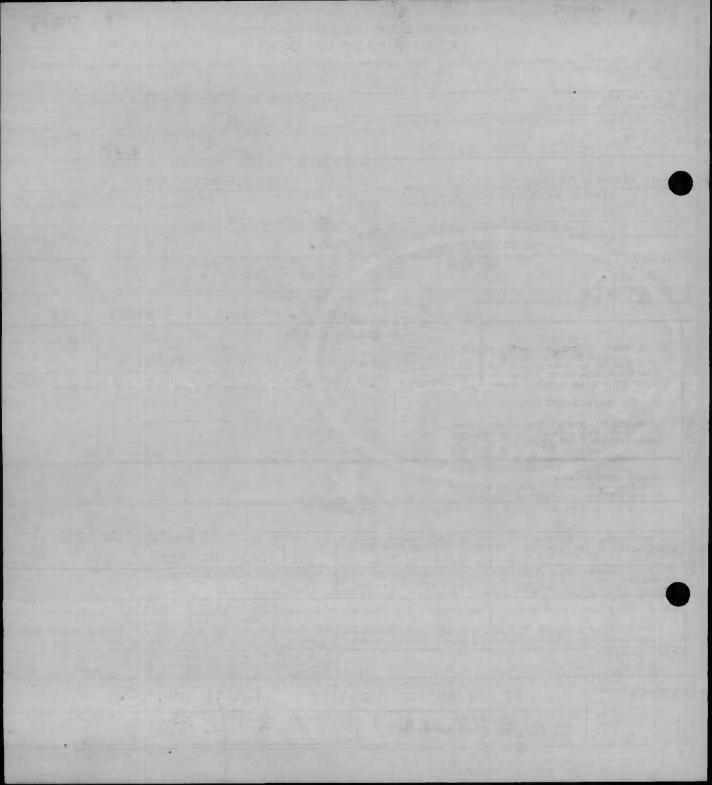
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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238. ADDRESS 236. DATE SIGNED 237. STI 240. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) (State) 241. LOCATION (City, town, or county) (State) 242. NAME OF CEMETERY OR CREMATORY 243. LOCATION (City, town, or county) (State) 244. LOCATION (City, town, or county) (State) 245. FUNERAL DIRECTOR ADDRESS MAR 2755 ADDRESS 246. NAME OF CEMETERY OR CREMATORY 247. NAME OF CEMETERY OR CREMATORY 248. DATE SIGNED 247. NAME OF CEMETERY OR CREMATORY 249. LOCATION (City, town, or county) (State) ADDRESS ADD	Н	deceased al	ive on leavel 9	, 19 57. a	end that de	eath occur	red at 830 m	from the	causes and	on the d	late stated ab	ove.
Busial 3/12/51 Fosters being Honeral Directors ADDRESS MAR 21951 Fosters being Registrar's SIGNATURE Color		25A. SIGNAT	ette P.S.	Verhin	in the	2:	32/2 of	the	Hond	2	3c. DATE SIGN	VED
DATE RECEIVED BY REGISTRAR'S SIGNATURE: 25 FUNERAL DIRECTOR ADDRESS MAR 2195 Authority Manual, 15 Gaul Clauser 3615-17 Leature for	24	BURIAL, C	pecify)	1 2	11	. 1	Y OR CREMATORY	24D. LOC	CATION (City,	town, or c	ounty) (Sta	ate)
MAR 121951 Thurtington Williams, M. Saul Clalus 3615-17 Chesture for	1	Burral	3/12/	51		13.60	usy .		land %	rol.		
VS 150	LC M	AR 1 219	5 REGISTRAR	SIGNATUR	Lacus A		25 FUNERAL DI	RECTOR	A 3610	AD	DRESS	4.
		VS 150	de la				une _ or o		THE WORK	X	K3B	



BALTIMORE CITY HEALTH DEPARTMENT

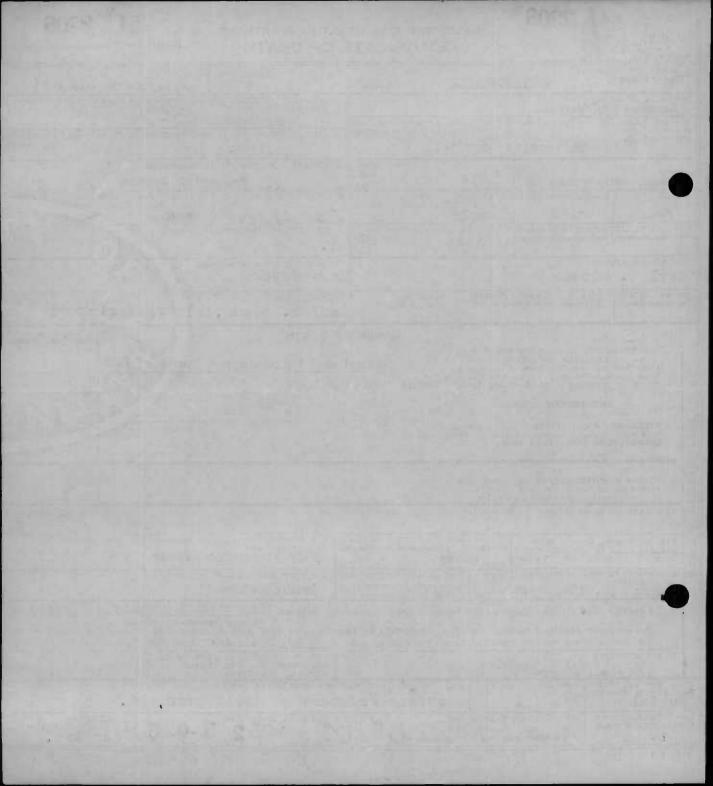
BIF	RTH NO.			CERTIFICATI	E OF DEAT	H Regist	lered No				
1. (Ts	NAME OF D		JICE	M DICUS		2. DATE OF DEATH	March	10,	1951		
	PLACE OF D Baltimore (4. USUAL RESIDE	ENCE (Where deccased)	lived. If in	stitution			
B. I HO	TULL NAME SPITAL OR STITUTION			cion, give street address or location)	c. CITY OR TOWN Balti	and (If outside corpora					
-		Franklin oq	uai c 110	Yrs.		INOTE ESS (If rural, give loca	tion)				
	ength of s	tay in Baltimore		Mos. Days	1919	Frederick Ave	nue				
	Pemale	6.COLOR OR RACE White	WIDOW	E, MARRIED, VED, DIVORCED (Specify)	Sept 28		ears H da	der i Year lis Days	Hours Min.		
work	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	O OF BUSINESS OR INDUSTRY	11/BIRTHPLACE (S	tate or foreign country)	1:	2. CITIZ WHAT	EN OF T COUNTRY?		
13.	Carl S	o Dicus			14. MOTHER'S MA						
15. (Yes,	WAS DECEASI	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	us,1919 Fre	aderi	oress ck A	ve		
ERTIFICATION	(This does heart failt injury or DISEASE: RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEA not mean the mode a re, asthenia, etc. It mes complication which of ANTECEDENT CAUS SOR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA GIGNIFICANT CONDITION TO THE DEATH, BUT	TH of dying, e. ; nns the disease caused death SES F ANY, GIVIN STATING TH SST. TIONS CON	(B) (C) (C)	d and third the body	degree burns	of 85%				
GE -	TO THE D	ISEASE OR CONDITION	CAUSING I		ATION		-				
	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OFER	ATTON	YES	NO X				
EDICAL	21A. EXTERNUNDERLYIN	NAL CAUSE WAS G. Ø OR CONTRIB- CAUSE OF DEATH.	about home, f	ACE OF INJURY (e.g., in Carm, factory, street, office bldg., e Nome	, in or 21c. WHERE DID (If in Baltimore City, give exact location)						
Σ	OF INJURY	Month) (Day) (Year)	ration								
	the evi	dence obtained by ath in my opinion	pection & Industry, Inspection or Institution of the said deceased died suicide [], homicide	on the \Box , und	day ste letermi	ated above,					
24/	23A. SIGNAT	in 1/ Forth	4	M. 24c, NAME OF CEMETER	D. MEDICAL INVE	DICAL EXAMINER DICAL EXAMINER STIGATOR	1718	arch	10, 1991		
TIOI	BUINAIS	pecify) 3/12/5		western eme	etery	Baltimore,	Md.				
LOC	TE RECEIVED CAL REGISTI	RAR REGISTRAR	The state of the s	Ramis, Ala 1	Vanne 7	TI TELLI	adson	DDRESS			
VS	151	1-949.2			1	0	1	80	4		



b.	20	51	2306
//	V	, .	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

ВІ	RTH NO.			CERTIFICAT	E O	F DEATH	-1	Registere	ed No	
1.	NAME OF D						2	. DATE		
	ype or Print)		ATHERIN	E DICU		285				0, 1951
	Baltimore C	EATH: City, Maryland			4. U:	SUAL RESIDE! TATE	NCE (Wher	e deceased lived B. COUNTY		tion : residence before admission)
	FULL NAME	OF 'f not in hosp	oital or institut	ion, give street address or location)		Maryl				
	STITUTION	Universi	tv Hospi		c. CI	TY OR TOWN Balti		side corporate l	mits, write	RURAL and give
_		0112 4 0 2 0 2	0) 110000	Yrs.	o. ST	REET ADDRES		d. give location		
7	ength of s	tay in Baltimore	Life	Mos. Days				ick Avenu		
	SEX	6. COLOR OR RAC		E, MARRIED,		TE OF BIRTH		AGE (In years	If Under I Y	Year 11 Under 24 Hours
	Female	White	Singl	(ED, DIVORCED (Specify)	044	c 27 19	44	1ast hirthday)	Months: L	Days Hours Min.
10 worl	A. USUAL OC	CUPATION (Give kind of working life, even if retire	of IOB, KINE	OF BUSINESS OR	11. BI	IRTHPLACE (St	tate or foreig	n country)		ITIZEN OF
_			Studer	ıt	lid.				-	HAT COONTRI
	arl S.					y Beyer	DEN NAME			
					THEFT.	y beyer				
		D EVER IN U.S. ARM (If yes, give war or de		16. SOCIAL SECURITY NO.	17.11	VEORMANT	70	17.0 Wasa	ADDRES	S
_					var.	1 S. Die	cus, 15	Ta TLG	rerre	C 4+Q
	18.	916-0		CAUSE	OF D	EATH				TERVAL BETWEEN
	DISEAS	E OR CONDITION		0		2 44:2 2			600	
	(This does heart failu	not mean the mode re, asthenia, etc. It m	of dying, e. s	e		d third d	egree	burns or	00%	
	injury or	complication which	caused death	.) XHUKHK Of	the	body				
		ANTECEDENT CA	USES							
Z		DISEASES OR CONDITIONS, IF ANY, GIVING								
밁		HE ABOVE CAUSE (/								
ERTIFICATION				(C)						
H	OTHER S	IGNIFICANT CON	DITIONS CON	1-						
2	TRIBUTING	TO THE DEATH, BU	T NOT RELATE	D						
Ö		F OPERATION		FINDINGS OF OPER	ATION	AND THE RESERVE OF THE PARTY OF		32. 34	2	O. AUTOPSY?
AL										ES NO X
EDICAL	21A. EXTERN	IAL CAUSE WAS	21B. PLA about home, f	CE OF INJURY (e. g., i arm, factory, street, office bldg.,	etc.) IN	IC. WHERE DII	?	Baltimore Cit	y, give ex	act location)
	UTING C	AUSE OF DEATH	H. HO	ome		1919 Fred				0/0
Σ	OF INTURY	Month) (Day) (Yea		21E. INJURY OCCURR		1F. HOW DID I		CCUR?		
K		10, 1951 3:		WORK NOT WHILE		Conflagra		0 T	•	
	22. I certif	y that I took che	arge of the	remains described o	bove,					reon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated and death in my opinion resulted from: natural causes \(\bigcap_{,}\) accident \(\Bigcap_{,}\), suicide \(\Digcap_{,}\), homicide \(\Digcap_{,}\) undetermined									stated above, rmined □.	
	23A, SIGNAT	liam & south	4		.D. MI	BB. CHIEF MED SSISTANT MED EDICAL INVES	STIGATOR		Marci	11 10, 1901
TIO	4A. BURIAL. CREMA: 245. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)									
-	Burial	3/12/5	1	Western Cen				iore, Ma		
LO	TE RECEIVED	RAR REGISTRA	R'S SIGNATU	RE U F	25. 50	INERAL DIREC	CTOR	OV 13 4	10100	dmond-
_	MARION	initio	x/42 /1/1/	liable, M. A.	Vai	mis Ty	Elie	h/30	son	Ave.
V	S 151 21.	N-9	49:2			1		0	18	to
							-		, ,	



	24:	51 2307	ВА	LTIMORE CITY HE	EALTH DEPARTMEN E OF DEATH	T Registered	2307 No
	NAME OF D	ECEASED FL	515	K. SINGEN	VALd	2. DATE OF MA	+8,1951
	PLACE OF D Baltimore (EATH: City, Maryland	H STREET	OPKINS HOSPIONI	4. USUAL RESIDENCE		f institution: residence before admission)
H	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION				c. CITY OF TOWN	(If outside corporate lim	its, write RURAL and give
3	3	Johns H	opkins	Hospital	CHTONSVI	LLE	cownomp)
0	ength of s	tay in Baltimore		Yrs. Mos. Days	HAARLEM	(If rural, give location)	5200
	EMALE	6. COLOR OR RACE	WIDO	E. MARRIED. WED, DIVORCED (Specify)	7-26-86	9. AGE (In years last birthday)	H Under 1 Year Ionths Days Hours Min.
		CUPATION Give kind of working life, wen if retired	1 108. KIN	D OF BUSINESS OR	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	IAME /			14. MOTHER'S MAIDEN	NAME)	1/
	rous	2 Nor	nme	ann	Jourse	Xpells	nan
	s. was DECEASI	D EVER IN U.S. ARME (If yes, give war or dat		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	1B. 4 9	IJX ,	1	CAUSE	OF DEATH	A STATE OF THE STA	INTERVAL BETWEEN
Z	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (A) Sraudo fuero in the standard form of the standard						
CATIO	RISE TO 1	S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION L) STATING				
IL.	8-11	11		(C)			
ERT	TRIBUTIN	SIGNIFICANT CONE	NOT RELA	TED While	strie dermas	shis; Schizo	thremia
U		F OPERATION			RATION	0 (20. AUTOPSY?
CAI	01: 400:01	/	215 81	LACE OF INJURY (e.g., i	n or 21c. WHERE DID	(If in Baltimore City,	give exact (ocation)
EDICAL	HOMICIDE	ENT. SUICIDE, (Specify)		e, farm, factory, street, office bldg.,		(II in Daitimore City)	give chack focusion,
Z	21D. TIME OF INJURY	(Month) (Day) (Year	r) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJ	URY OCCUR?	
	1 1130111		m.	WHILE AT NOT WHILE WORK AT WORK			
		y certify that Lat			3- 3- 1951, to.	3-8-, 19	of, that I last saw the
	deceased a		, 195/_	, and that death occur	rrea at 15 gem., from	m the causes and on	the date stated above
	234. 310114	The	w/h	Tarne M.D.	TANKS	MOPKINS HOSPITAL	
B	4A. BURIAL. ON REMOVAL (S UCLA)	CREMA- 24B. DATE 3/12/	51	Green Mount	RY OR CREMATORY 241	ltimore, Ad	n, or county) (State)
	ATE RECEIVE OCAL REGIST MAR 1 21		has the	Chambine ()	Vary 7	Eite 410	address 1 Edmondson

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15 6 CA GOOD BALTIMOR	W/A	ALTH DEDARTMENT	51	2208
		E OF DEATH	Registered N	0
BIRTH NO.	III ICATI	L OI DEATH		
1. NAME OF DECEASED (Type or Print) Gregory Dale Winfly			OF DEATH 3	0-57
a. Baltimore City, Maryland		4. USUAL RESIDENCE (V	here deceased lived. If is	nstitution : residence before admissio
B. FULL NAME OF ("If not in hospital or institution, give a HOSPITAL OR	treet address or location)	Maryland	Anne Arundl	
INSTITUTION South Balto. Hosp.	location)	Mt. Pleasant	outside corporate limits, Beach	write RURAL and gi townshi
ength of stay in Baltimore	Yrs. Mos. Days	Pasdena P.O.	,	The of
Male 6.COLOR OR RACE 7. SINGLE, MARRI WIDOWED, DIVO Single		May 13, 1946		Inder 1 Year H duder 24 Hear ths: Days Hours Min
10A. USUAL OCCUPATION (Give kind of tops of the street of working life, even if retired)	INESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland	reign country)	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		/
George Winfry		Freda Wi	nfry	V
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no on washoown) (If yes, give war or dates of service) SEC	CURITY NO.	Mrs. Freda Wi	nfry Pasde	pressp.0.
18. 055X	CAUSE	OF DEATH		INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY				ONSET AND DEA
(This does not mean the mode of dying, e.g.,	, Laryn	go-tracheal dipht	heria	****
heart failure, asthonia, etc. It means the disease, injury or complication which caused death.)	то			
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING	***************************************	*************************************		
RISE TO THE ABOVE CAUSE (A) STATING THE DUE UNDERLYING CONDITION LAST.	то			
(0	:)	***************************************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED				
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
U 19A. DATE OF OPERATION 19B. MAJOR FINDING	GS OF OPER	ATION		20. AUTOPSY?
A P				YES NO
U 21A. EXTERNAL CAUSE WAS 21B. PLACE OF IT about home, farm, factory,		to or 21c. WHERE DID (I	f in Baltimore City, gi	ve exact location)
	JRY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
FINJURY WHILE AT WORK	NOT WHILE			
22. I certify that I took charge of the remains	described a	bove, held an A	72361	thereon and from
the evidence obtained by said Autopsy, Ins		Autopsy, 1	Aspection or Inquiry	
and death in my opinion resulted from: na	tural causes	, accident , suicide	\square , homicide \square , un	determined \square .
23A. SIGNATURE	М.	23B. CHIEF MEDICAL E ASSISTANT MEDICAL I D. MEDICAL INVESTIGAT	XAMINER	DATE SIGNED
244. BURIAL GREMA- 249 DATE 24C. NAM TION REMOVAL Specify 3/13/51 Glen	E OF CEMETER	RY OR CREMATORY 240. LC		
DATE RECEIVED BY REGISTRAR'S SIGNATURE MAR 1 21951	1 0	John F. Denny		Light St.
V S 151	, C 4 2		,	DV
Car.			1	

Engine Date linky 10 1-15/11/11 Min' mile (1)

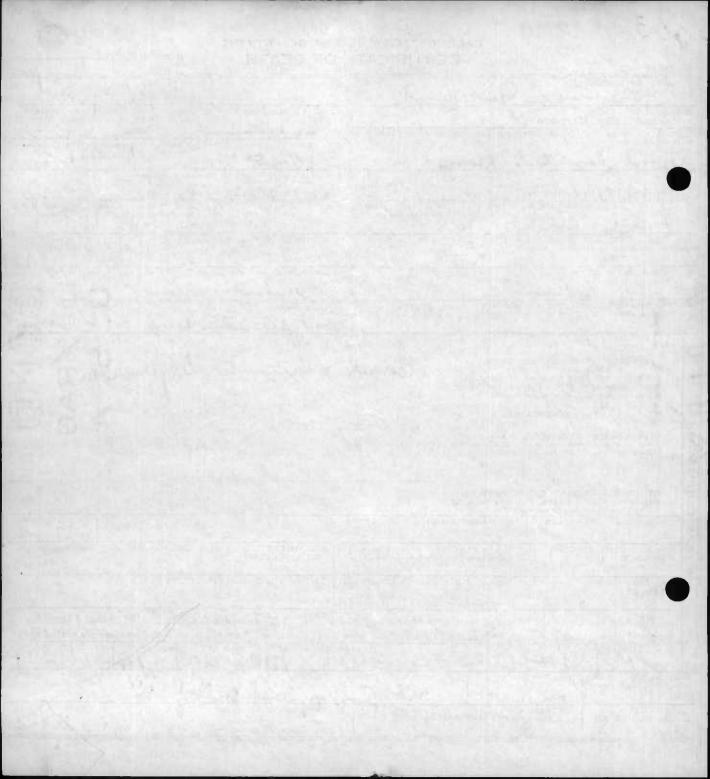
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) A. STATE (If not in hospital or institution, give street address or NIAKYLAINI B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township Yrs. D. STREET ADDRESS (If rural, give location Mos. ength of stay in Baltimore , OTRICKER Days 5 SEX 6. COLOR OR RACE 9. AGE (In years | Il Under I Year | Il Under 24 Hours last birthday) | Months; Days | Hours; Min. 7. SINGLE, MARRIED B. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 11. BIRTHELACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of) 10B, KIND OF BUSINESS OR 12. CITIZEN OF rork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME well 15. WAS DECEASED EVER IN U. S. ARMED FORCES!
(Yea, no or anknown) (If yes, give war or dates of service) SOCIAL SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH OUXX ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY? 198. MAJOR FINDINGS OF OPERATION AL EDIC 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE ATT WORK 22. I hereby certify that I attended the deceased from May 15, 1950, to May 1, 1951, that I last saw the deceased alive on Maz. | . 1951 . and that death occurred at 3:00 f.m., from the causes and on the date stated above. 234. SIGNATURE 23c. DATE SIGNED Emma: Abe 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY BURILL 25. PUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR

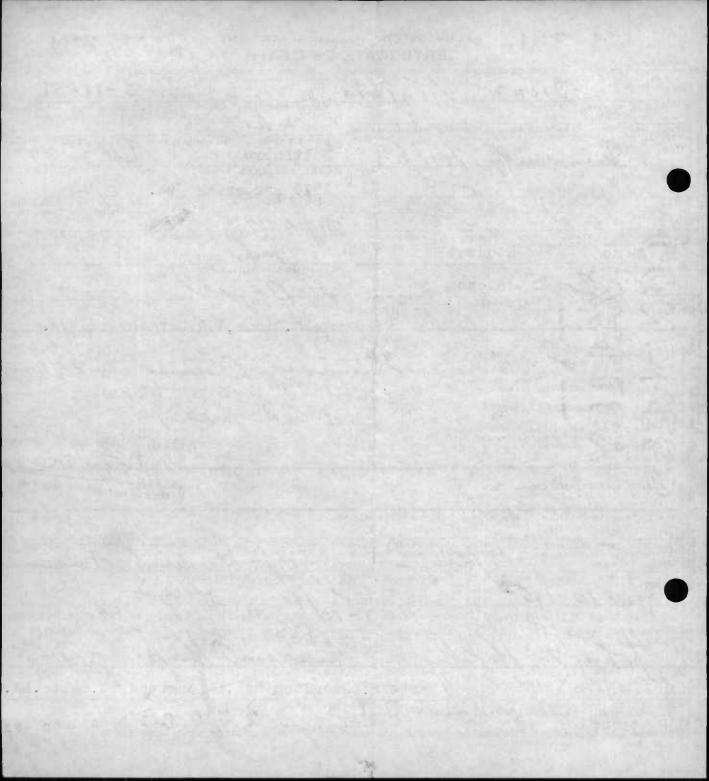
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	RTH NO.	51 2310	BAL	TIMORE CITY HE	EALTH DEPARTMENT	Registered	1 2310
1. (T	NAME OF E	DECEASED	Doro	dan		2. DATE OF DEATH	15.51
	PLACE OF D	DEATH: City, Maryland	1		4. USUAL RESIDENCE (If institution: residence before admission)
В.	FULL NAME		tal or institut	ion, give street address or location)		f outside cornorate liv	mit, write RURAL and give
IN	Book	Samuenten	. Ho	20.	Balto	outside corporate in	F-0 Conship)
				Yrs.	D. STREET ADDRESS (If	rural, give location)	
-	Length of s	stay in Baltimore	7. SINGLE	Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (in years)	II Under 1 Year II Under 24 Hours
	7	Cul	WIDOW	/ED, DIVORCED (Specify)		last birthday	Months Days Hours Min.
		CCUPATION (Give kind of working life, even if retired		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN N	IAME	
1.5	WAS DESCRIP	lestan			Mikan		
(Ye	, no or unknown)	ED EVER IN U. S. ARME (If yes, givo war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	. 11	ADDRESS
RTIFICATION	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart fallure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)				7-	n Degene	Wali try
CE	TO THE I	G TO THE DEATH, BUT	N CAUSING	IT	NATION		LOO AUTORGY?
AL	ISA. DATE	OF OPERATION O	ISB. MAJOR	FINDINGS OF OPER	KATION		YES NO
EDICAL	21A. ACCID HOMICIDE	ENT. SUICIDE, (Specify)		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		(If in Baltimore City	y, give exact location)
M	deceased alive on 3, 19, and that death occurred at m., from the causes and on the						that I last saw the the date stated above.
24A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETER TION. REMOVAL (Specify) M. D. C.				184 M.D.	TY OR CHEMATORY 245. L	LOCATION (CAN, to)	(State)
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=	VS 150	951'			0.2.002/	7200	927

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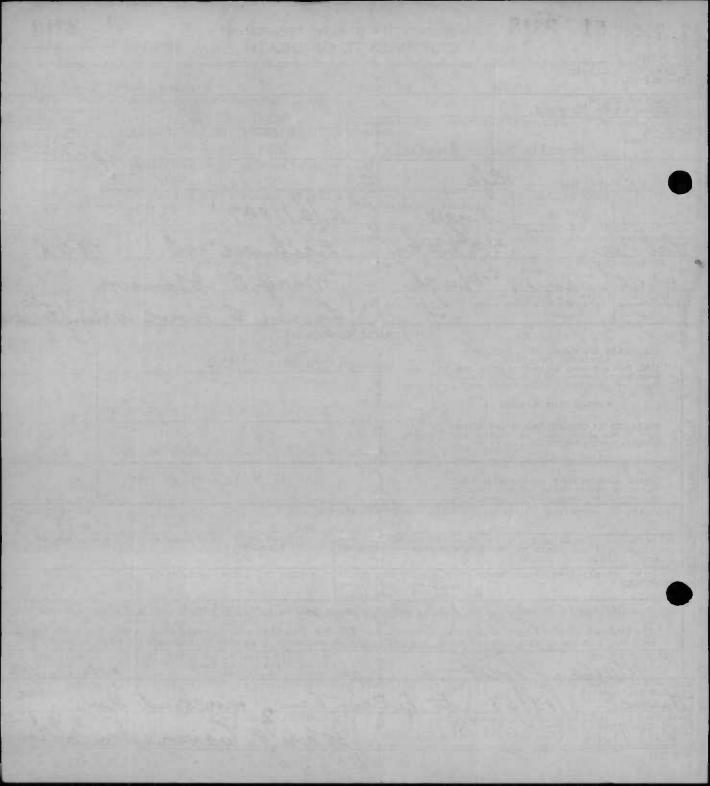
0	J.J.A	51 2211		EALTH DEPARTMENT	Registered No	2211
ВІ	RTH NO.		CERTIFICAT	E OF DEATH	Ategistered In	
	NAME OF C	Dicu Dicu	s Virgini	1,100	2. DATE OF DEATH 3 -	11-51
	Baltimore (City, Maryland		4. USUAL RESIDENCE		nstitution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institution, give street address or location)	C. CITY OR TOWN (I	f outside corporate imits	
7	7/41	unversi	ly Horp.	Baltimore	1	j – U ship)
6	ength of s	stay in Baltimore	Yrs. Mos. Days	1919 Frederi	11	
5.	SEX	6. COLOR OR BACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years II U	ths Days Hours Min.
10	A USUAL OC	CCUPATION (Give kind of of working life, even if retired)	10B. KIND OF BUSINESS OR	11. BYTHPLACE (State or f	foreign country)	12. CITIZEN OF
	NOT	10	Student	ma,		WHAT COUNTRY?
13	. FATHER S	il 5.	Dicus	14. MOTHER'S MAIDEN N	IAME	
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS
				erle S.Dicus]	919 Frederi	
		16.01		OF DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION LEADING TO DEAT				011/
7	(This does	s not mean the mode oure, asthonia, etc. It mea	of dying, e.g., (A)	men 15	all	2445.
н		complication which o		ud + 3rd	0 - 60%	
Ħ	7	ANTECEDENT CAUS	SES (T	0 0 1		
Z	DISEASE	rea j	- Very - 6V			
015	RISE TO T	S OR CONDITIONS, II	STATING THE DUE TO		CERTIFICATIO	APPROVED DI
CA	UNDERL	YING CONDITION LA			OLIVIY X	- 1/1
Ī					1/3/1/1	A STEP IN
RT		SIGNIFICANT CONDI			11/11/	T: MEDIGAL EXAMINER
CE		G TO THE DEATH, BUT			O HAS OR MSS	
CAL	19A. DATE C	REBESS	20. AUTOPSY?			
EDIC	LYING	R CONTRIBUTING	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,		If in Baltimore City gi	
ME		(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 215 HOW DID INJUR	AL ALLEY	loc
K	MUURY	110 195	m. WHILE AT NOT WHILE	De / Jones	Hue	20/3
	22. I hereb	y certify that I att	ended the deceased from 3 -			that I last saw the
5	deceased	live on 3 711	, 19_51. and that death occur	rred at 4:12 m., from	the causes and in the	e date stated above.
	23A. SYGNA	hu 7.	Helly M.D.	Must solv	Horb.	3-1/- 57
24	AA. BURIAL,	Sporify	24C TAME OF CEMETE		OCATION (City, town, o	
3u	rral	3/12/51		dmondson ve.&		t.Balto.Md.
L	ATE RECEIVE	RAR REGISTRAR	SIGNATURE	25 FUNERAL DIRECTOR	40.	ADDRESS
_IV	IAR I 219	351		tarry H. Cui	The state of the	mondson Are
	VS 150			0		180
	11-9	49 2				18.0



HIASEPSE STADES THE

17-20 51 2313 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	CERTIFICATE	OF DEATH	Registered No.	***		
1. NAME OF DECEASED (Type or Print) JAMES	MC HUGH	· ·	OF March	10, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (When A. STATE		itution : residence before admission)		
B. FULL NAME OF I f not in hospital or institution Franklin Square		Maryland c.city or town (If our Baltimore	tside corporate limits, w	rio REAL and give township)		
ength of stay in Baltimore Life	Yrs. Mos. Days	o.street address (if rur 1023 Boya S	treet			
	LE. MARRIED, WED, WORCED (Specify)	12./2/1897	AGE (In years Monda last birthday) Months	Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work day during most of working life, eveo if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yea, oo or uokoowo) (If yea, give war or dates of service)	boron light Information Information	Baltimore 7 14. MOTHER'S MAIDEN NAME 17. INFORMANT	nd.	CITIZEN OF WHAT COUNTRY!		
DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the disinjury or complication which caused deather the complex of the complex	CAUSE O	Tyman 6, 7 FDEATH bronchial asthma	towe ar	Lington-W		
ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVEN TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DISEASE OR CONDITION CAUSING						
OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA TD THE DISEASE OR CONDITION CAUSING	TED					
	R FINDINGS OF OPERA	TION		20. AUTOPSY?		
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about hom	LACE OF INJURY (e. g., io case, farm, factory, street, office bldg., etc.		n Baltimore City, give	exact location)		
Z 21D. TIME (Month) (Day) (Year) (Hour) F INJURY m.	WHILE AT NOT WHILE WORK AT WORK	21F. HOW DID INJURY O	CCUR?			
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated a and death in my opinion resulted from: natural causes \(\mathbb{A}\), accident \(\precap_{\pi}\), suicide \(\precap_{\pi}\), homicide \(\precap_{\pi}\), undetermined \(\precap_{\pi}\)						
23A. SIGNATURE VANOUS	М.Д		Mar Mar	ch 10, 1951		
1100 REMOVAL (Sprify) Burual 3/13/51	St Peters	Cem mon	eband As	ounty) (State)		
DATE RECEIVED BY REGISTRAR'S SIGNAL	TURE OF	5 FUNDRAL DESECTOR	DAD.	DRESS O. S.		

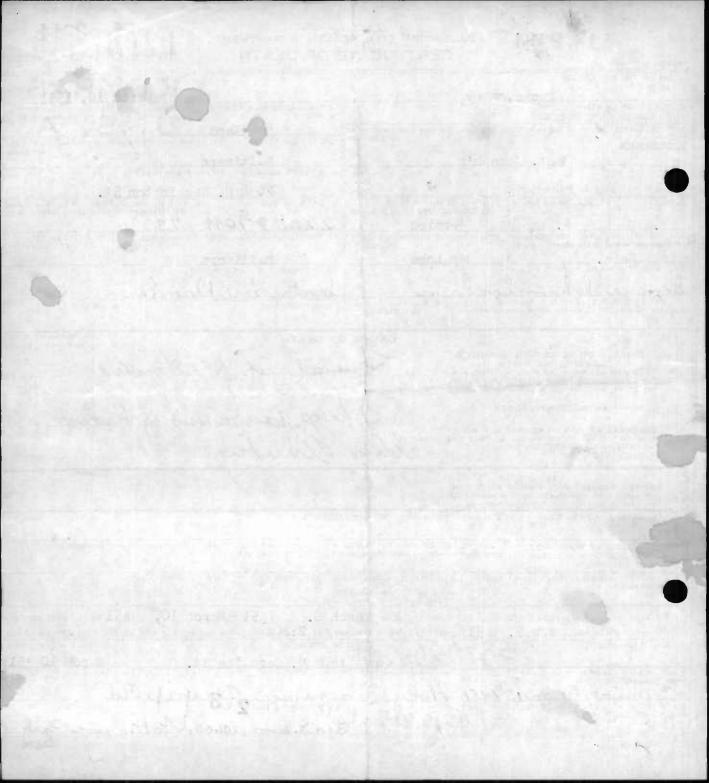


FUCHS

2244

51 2214 BALTIMORE CITY HE CERTIFICATE	
1. NAME OF DECEASED (Type or Print)	2. DATE.
Fuchs, Mary	DEATH March 10, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Maryland
MOLOGONOXXIA	C. CITY OR TOWN (If outside corporate limits, write AURAL and give township
St. Joseph's Yrs.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Mos.	2038 N. Washington St.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours
WIDOWED, DIVORCED (Specify) Warried	Sent 8 1817 73 Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Hwfe. Own home	Baltimore
Q. 0 0 0 .	14 MOTHER'S MAIDEN NAME
Deorge Chamberlain	leatherine Wrexter
15. WAS DECEMBED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e. g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	eralised personidis lived gangrenous afobendis. Obnitrio.
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
218. PLACE OF INJURY (e. g., in Lying OR CONTRIBUTING about home, farm, factory, street, office bldg., e	
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT NOT WHILE AT WORK	
	ch 8. , 1951 to March 10, , 1951, that I last saw th
	red at 2:20a.m., from the causes and on the date stated above
	38. ADDRESS 23c. DATE SIGNED 11:00 N. Caroline St. March 10 '51
	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR MAR 2195	Les S. lamber 101,03, Relatterson Park

la orchiro, 03 RePatters



CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH 3. PLACE OF DEATH: / 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION HOSPITAW HOW ARD D. STREET ADDRESS (If rural, give location) Yrs. U24EARS Length of stay in Baltimore Days AUE 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) PEMAGE WHITE

10A. USUAL OCCUPATION (Givekindof) SINGLE 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? HOUSEKEEPER MESTIC PINLAND
14. MOTHER'S MAIDEN NAME U.SA. RAUKKO HM 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO MRS. ELLEN CRAAN. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Hemopericardium heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WORK 22. I certify that I took charge of the remains described above, held an A. Deiver thercon and from Autopsy, Inspection or Inquiry the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square . 238. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) (State) BURIAL DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR ULLRICH PUNERAU HOME V S 151

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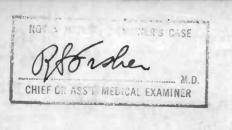
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2316 Registered No.

2. DATE OF March 10, 1951
4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission) C. CITY OR TOWN (If outside corporate limits, write RU(AL and give Baltimore Description:
o. STREET ADDRESS (If rural, give location) 405 Pittman Place
Aug. 10,1895 55
Mashington, D. C. U. S. A.
14. MOTHER'S MAIDEN NAME Julia Maushaw 17. INFORMANT ADDRESS
Mr. William Acree 405 Pittnen Place
ches hemmonage duity
RATION 20, AUTOPSY7 YES NO
n or 21C. WHERE DID (If in Baltimore City, give exact location) ED 21F. HOW DID INJURY OCCUR?
ZIF. HOW BID INJURY OCCUR?
19, to , 19, that I last saw the red at 6 m., from the causes and on the date stated above. 23B. ADDRESS 23C. DATE SIGNED M. 10, 195 RY OR CREMATORY 245) LOCATION (City, town, or county) (State) 25. FUNERAL DIRECTOR ADDRESS



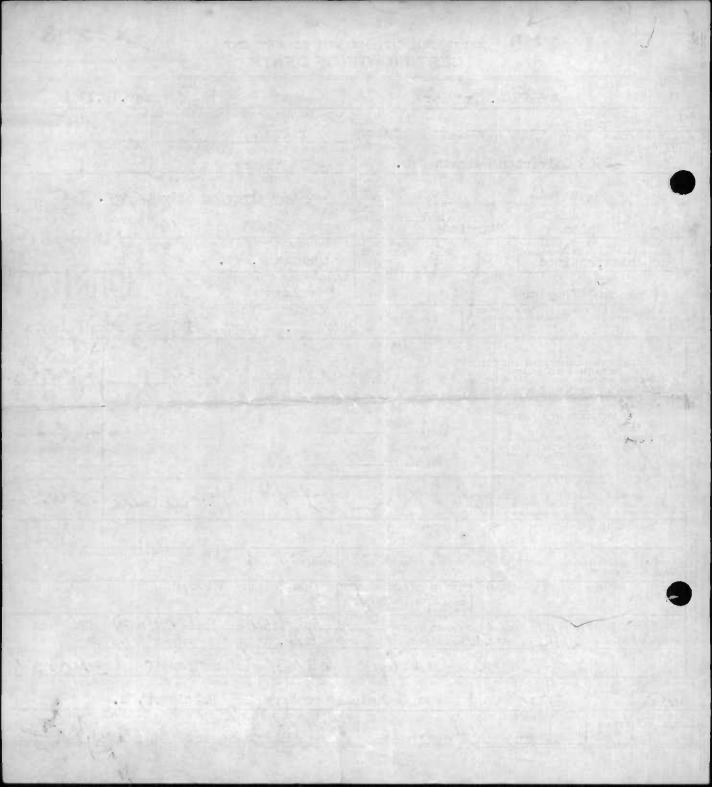
65051 2317 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.						
1. NAME OF DECEASED (Type or Print) Elizabeth Brown	2. DATE OF DEATH 3/9/51					
3. PLACE OF DEATH: 2769 Parkworde	4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission					
B. FULL NAME OF (If not in hospital or institution, give street address o						
HOSPITAL OR location	C. CITY OR TOWN (If outside corporate limits, write RUR I, and give					
A ()	Baltimore 15-0 Township					
Yrs.	D. STREET ADDRESS (If rural, give location)					
c. Length of stay in Baltimore 3 Yrs. Mos.	2719 Parkwood Che,					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years # Under) Year If Under 24 Hours last hirthday Months: Days Hours Min					
F Negro Widow	8. DATE OF BIRTH 6/15/69 9. AGE (In years at Under I West II Under 24 Hours Min. Months Days Hours Min.					
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF					
Domestic Private Family	Bucksville, S. C. WHAT COUNTRY					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Henry Buck	Mary Buck					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT Phila., Pa ADDRESS					
(Yes, no or unknown) (If yes, give war or dates of service) NONE	Braxton B. Brown 1221 Redfield St.					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						
(Ins does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
ANTECEDENT CAUSES (B) Many Ollinia: Iday						
DISEASES OR CONDITIONS, IF ANY, GIVING FISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST,						
UNDERLYING CONDITION LAST.	2 11. 1 11/4					
<u>.</u>	Mithio Schools Interes					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	- Commanda					
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?					
4	YES NO					
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.	in or 21c. WHERE DID (If in Baltimore City, give exact location)					
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?					
TINJURY m. WHILE AT NOT WHILE AT WORK AT WORK						
22. I hereby certify that I attended the deceased from	1 2 1951, to Man 9, 19 5, that I last saw th					
deceased alive on Man 7, 1961, and that death occurred at 5 fm., from the causes and on the date st						
23A. SIGNATURE	238. ADDRESS 23c. DATE SIGNED					
Z4A. (BURÍAL, CREMA- Z4B. DATE 24C. NAME OF CEMET TION, REMOVAL (Specify)	ERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)					
Burial 3/15/51 Rolling Gr						
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS					
LOCAL REGISTRAR	1 -1 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0					
AR 1 21951 - Miliam / Charles R. Law 802 Madison Ave.						

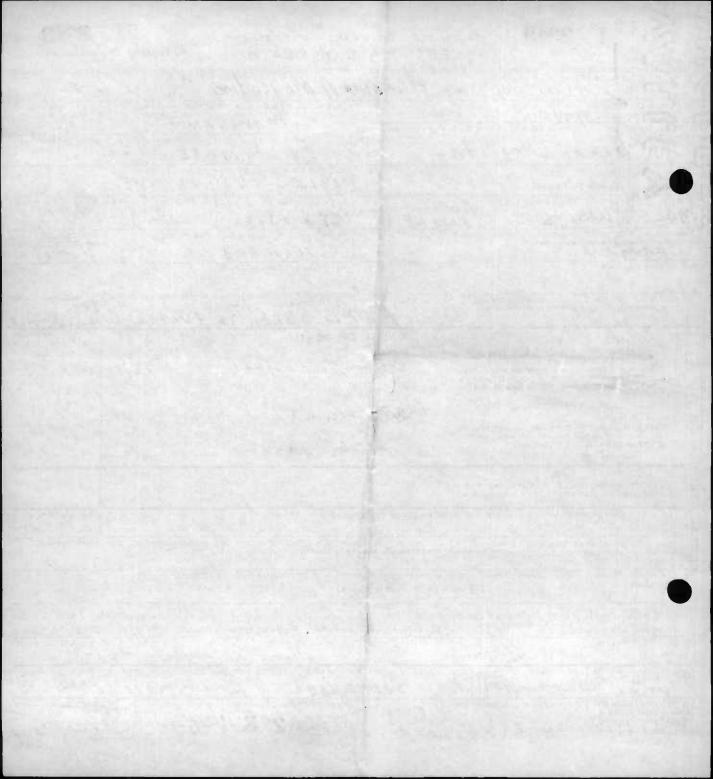
.da nimin i real and a new contract of the thester to., Va. Constitution of the same area area.

51	2318

1. MAN COF DECASED JOSEPH A. Traylor 2. DATH Mar 10, 1951	646 BIRTH NO.	51 2218	В ваг	TIMORE CITY HE	EALTH DEPARTME E OF DEATH	ENT Registered	4 2318 No.
3. PLACE OF DEATH: A. Baltimore City, Maryland A. Bultimore City, Maryland A. Bultimore City, Maryland Continued C			H A. Tr	aylor		OF Man	.10,1951
HOSPITAL OR NSTITUTION 2506 Calverton Heights Ave. No. Baltimore Yes. Mo. STRET ADDRESS (If rural, sive location) Yes. A. Length of stay in Baltimore Yes. No. STRET ADDRESS (If rural, sive location) Yes. A. COLOR OR RACE 7. SINGLE MARRIED. SEX G. COLOR OR RACE 7. SINGLE MARRIED. NIDOWED, DIVORCED Geestry Machinistratified No. STRET ADDRESS (If rural, sive location) NIDOWED, DIVORCED Geestry Machinistratified No. STRET ADDRESS (If rural, sive location) Yes. NIDOWED, DIVORCED Geestry Machinistratified No. STRET ADDRESS (If rural, sive location) 1885 G. COLOR OR RACE 7. SINGLE MARRIED. NIDOWED, DIVORCED Geestry Machinistratified No. STRET ADDRESS (If rural, sive location) No. STRET ADDRESS (If rural, sive location) 1885 G. COLOR OR RACE 7. SINGLE MARRIED. NIDOWED, DIVORCED Geestry Machinistratified No. SINGLE MARRIED. NIDOWED, DIVORCED Geestry Machinistratified No. SINGLE MARRIED. NIDOWED, DIVORCED Geestry NIDOWED, DIVORCED GESTRY NIDOWED, DIVORCED GES	B. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION				A. STATE	CE (Where deceased lived, 1	
Length of stay in Baltimore SEX S. COLOR OR RACE White Martida Unite Unite White Martida Unite White Martida Unite White Martida Unite White White Martida Unite White White Martida Unite White White White White White White Martida Unite Uni					C. CITY OR TOWN	10	
Tale White Widowed Discrete General Boats of Birth Jacks Widowed Discrete General Boats by Inday Boats Boats by Inday Boats Boats by Inday Boats Boats by Inday Boats Bo	Yrs. Mos.			D. STREET ADDRESS	(If rural, give location)	Ave.	
UNKNOWN) Taylor 13. FATHER'S NAME (Irknown) Traylor 15. WAS DECASED EVER IN U.S. ARMED FORCES: IG. SOCIAL (Ive., no or unknown) (If you, give war or dates of service) (If you give you giv	SEX	6. COLOR OR RACE	WIDOW	E. MARRIED. VED.DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) N	If Under 1 Year If Under 24 Hours
13. FATHER'S NAME (Unknown) Traylor 15. WAS DECEASED EVEN IN U.S. ARKED FORCES! (Yas, so or waknown) (If yos, give war or dates of service) 16. SOCIAL (Yas, so or waknown) (If yos, give war or dates of service) 17. INFORMANT 18. ADDRESS CAUSE OF DEATH (This does not mean the mode of dying, e.g., beart faither, asthenic, see. I means the disease, injury or complication which caused death, Due to ANTECEDENT CAUSE (B) DISEASE OR CONDITION, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITION CON. TRIBUTION TO THE DEEASE, OR CONDITION S. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CON. TRIBUTION TO THE DEEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY! VES NO 21. ACCIDENT WAS UNDER: Should been, form, fectory, strest, efficiently, attended the deceased from the Causes and on the date stated above. 22. I hereby certify that I attended the deceased from the deceased alive on 3 100 , 19 51, and that death occurred at A.m., from the causes and on the date stated above. 224. BURIAL, CREMA- 225. SIGNATURE 226. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or codnity) (Siate) DIVING THE SIGNATURE CAUSE OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or codnity) BUT SIGNATURE 226. ADDRESS 227. ABURIAL, CREMA- 228. ADDRESS ADDRESS ADDRESS 175. ADDRESS 176. MATCH CITY OF COURTS 177. INFORMANT 177. INFORMANT 177. INFORMANT 177. INFORMANT 177. INFORMANT 177. INFORMANT 178. INFORMANT 179. INFORMANT 179. INFORMANT 179. INFORMANT 171. INFORMANT 171. INFORMANT 171. INFORMANT 171. INFORMANT 171. INFORMANT 171. INFORMANT 172. INFORMANT 173. INFORMANT 174. INFORMANT 175. INFORM	w. done during most of	CUPATION (Give kind of of working life, even if retired)	10B. KIND				12. CITIZEN OF WHAT COUNTRY?
15. WAS DECRASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, eive war or dates of service) 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or completion which eaused death.) DUE TO ANTECEDENT CAUSES (8) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE UNDERLYING CONDITION CAUSING IT. 19. ADATE OF OPERATION. 19. ADATE OF OPERATION. 19. MAJOR FINDINGS OF OPERATION 21. ACCIDENT WAS UNDER CAUSE (A) LINING TO THE DISTARE OF CONDITION CAUSING IT. 21. ACCIDENT WAS UNDER CAUSE (A) CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21. AND COURTED TO CONTRIBUTING CONDITIONS OF OPERATION 22. AUTOPSY YES NO CONDITIONS OF OPERATION 19. TIME (Month) (Day) (Year) (Hour) 22. AUTOPSY YES NO CONDITIONS OF OPERATION 23. SIGNATURE 24. BURIAL, CREMA- 248, DATE 25. DATE SIGNATURE 26. CAUSE OF DEATH DATE OF OPERATION 19. ADATE OF OPERATION 19. ADATE OF OPERATION 19. ADATE OF OPERATION 25. DATE SIGNED 26. DATE SIGNATURE 26. DATE SIGNATURE 27. DATE SIGNATURE 28. ADDRESS 28. ADDRESS 29. DATE SIGNATURE 29. DATE SIGNATURE 20. DATES SIGNATURE 21. ADDRESS 22. DATE SIGNATURE 24. BURIAL, CREMA- 248, DATE 3. TION, REMOVAL (Specify) BURIAL ADDRESS ADDRESS 29. DATE SIGNATURE 29. DATE SIGNAT	13. FATHER'S N	NAME			14. MOTHER'S MAIDE		
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, estenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (G) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY! YES NO CAUSE OF DEATH 21a. ACCIDENT WAS UNDER Shouthoms, farm, factory, strest, office bidg., etc.) INJURY OCCUR? 1 INJURY OCCUR? 22a. A BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or country) (State) 10. ADDRESS AND ADDRESS	15. WAS DECEASE (Yes, no or unknown)	ED EVER IN U.S. ARMED	FORCES?				
OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21A. ACCIDENT WAS UNDER. LYINGO OR CONTRIBUTING bout home, farm, factory, street, office bidgotc.) D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from the deceased alive on 3 10 , 1951, and that death occurred at D. m., from the causes and on the date stated above. 23A. SIGNATURE 24A. BURIAL. CREMA-124B. DATE 17ON, REMOVAL (Specify) Burial 3/13/51 New Cathedral Cemetery Baltimorp, Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 PHERALL DISCRETANIAN ADDRESS	This does heart failu injury or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES					
D. TIME (Month) (Day) (Year) (Hour) Very Compact Co	OTHER S TRIBUTING TO THE D	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				ut tailu	20. AUTOPSY?
22. I hereby certify that I attended the deceased from title of 1950 to March 1951 that I last saw the deceased alive on 310, 1951, and that douth occurred at 64, m., from the causes and on the date stated above. 23a. SIGNATURE 23B. ADDRESS 24a. BURIAL. CREMA- 24B. DATE 1950 New Cathedral Cemetery 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 25 MARCH 21951 ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	21A. ACCID Q LYING OF CAUSE OF	R CONTRIBUTING				(If in Baltimore City,	give exact location)
22. I hereby certify that I attended the deceased from the deceased from the deceased alive on 3 10 1, 19.51, and that death occurred at 6 4 m., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Burial 25. Useral signature 25. Useral signature 25. Useral signature 26. County (State) 27. County (State) 28. ADDRESS 29. County (City, town, or county) (State) 29. County (City, town, or county) 29. County (City, town, or county) (State) 20. County (City, town, or county) (State) 21. County (City, town, or county) (State) 22. County (City, town, or county) (State) 24. County (City, town, or county) (State) 25. County (City, town, or county) (State)	D. TIME INJURY	(Month) (Day) (Year)		WHILE AT NOT WHILE		JURY OCCUR?	
MAR 1 21991 " with and 1 minus, Alon 1/1 (or the 1217 Ol Ord 9)	22. I hereby certify that I attended the deceased from cure of 1950 to March 1951 that deceased alive on 310, 1951, and that death occurred at 64, m., from the causes and on the date 23a. SIGNATURE 24a. BURIAL. CREMA- 24B. DATE 24c. NAME OF CEMETERY OF CREMATORY 24d. LOCATION (City, town, or counting, Removal (Specify) Burial 3/13/51 New Cathedral Cemetery Baltimore, Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. POREAL DIRECTOR ADDR					the date stated above. 23c. DATE SIGNED 3//0/5/ n, or county) (State) d.	
	MAKI	21951 · Limite	den /	Missies, Alon 3	Mid or Ju	W 1219 STO	oul \$1



-	635	51 2319	Mey ell d	ING		2719
В	IRTH NO.		CERTIFICAT	E OF DEATH	Registered No	
	NAME OF D ype or Print)		MYERONG HERMA	IN A. MEYERding	2. DATE OF DEATH	11-51
	Baltimore (EATH: City, Maryland		4. USUAL RESIDENCE (Whe	ere deceased lived. If ins	stitution: residence before admission)
H	FULL NAME	OF (If not in hospit	al or institution, give street address or location)		tside corporate limits.	A.5
IN	STITUTION	INAI H	ospital	BALTIMO	RE /	vrite UKAL and give township)
	ngth of s	tay in Baltimore	Yrs. Mos. Days	10, -11/1/	NS HVE	
3	MALE	WhitE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	0ct 8- 1896	9. AGE (in years Un last birthday) Mont	
#or	A. USUAL OC	CUPATION (Give kind of or worklog life, even if retired)	IOB. KIND OF BUSINESS OR INDUSTRY		ign country) 1;	CITIZEN OF
13	FATHER'S N	NAME		14. MOTHER'S MAIDEN NAM	1E	U.D.H.
4						
15 (Ye	MAS DECEASE	ED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	DINFORMANT SEL	troop I	Higher Due
	18. 42	0.0	CAUSE	OF DEATH	100922	INTERVAL BETWEEN
	DISEAS	E OR CONDITION	TH D			ONSE! AND BEATH
	heart failu	not mean the mode ore, asthenia, etc. It mea	of dying, e. g., (A) Corona ins the disease.	ry occlusion		
		complication which o				
z		ANTECEDENT CAUS	(B) asterio	ocherolic heart dis	lad	
HON	RISE TO T	OR CONDITIONS, I HE ABOVE CAUSE (A) VING CONDITION LA	STATING THE DUE TO	11 -		
CA	ONDERE	THE CONDITION EX	(c) 11 M	eles mellelus	***************************************	
ERTIFICA	OTHER S	ISNUELS AND SONE				
CER	TRIBUTING	IGNIFICANT CONDS TO THE OEATH, BUT ISEASE OR CONDITION	NOT RELATED			
			98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL	214 ACCID	ENT WAS UNDER-	21B. PLACE OF INJURY (e.g.,	in or 21c. WHERE DID (If i	in Baltimore City, giv	YES NO
ED		R CONTRIBUTING	shout home, farm, factory, street, office bldg.,		in paramore only, giv	c cxact location;
Σ	21D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F, HOW DID INJURY	OCCUR?	
L			m. WHILE AT NOT WHILE AT WORK			
			cnded the deceased from			that I last saw the
	deceased al	live on 3-1/	, 19 5/ and that death occur			
	ZJA, SIGNA	IURE 15	Refaris M.D.	38. ADDRESS.	epital	3-11-5
TI	BURIAL, CON, REMOVAL (S	Pecify) MAR 14-	1951 NEW CATH	ENAN L BA	LTION (City, town, or	mil (State)
	MAR 1 21		S SIGNATURE	25. FUNERAL DIRECTOR	elsters Or	DDG/SS-L
	VS 150	The state of the	11 / Tille acoust, March		¥ 0	1 2/
			a staroupence			61



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 2 A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR (If outside corporate limits, write RVIAL and give INSTITUTION township) 2740 Nº Culvent Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore (u/ver Days 6. COLOR OR RACE 7. SINGLE MARRIED 5. SEX 9. AGE (In years last birthday) If Doder 1 Year If Under 24 Hours WIDOWED, DIYORCED (Specify) Months: Days Hours: Min. CO vulou 10A. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Hone 13) FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes, no or unknown) INTERNAL BETWEEN 422.1 CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., interios elepation C.U. disease heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ш OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. O 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21c. WHERE DID 218. PLACE OF INJURY (a.g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB. UTING | CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT[NOT WHILE WORK 22. I certify that I took charge of the remains described above, held an __ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER..... 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER... M.D. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA TION, REMOVAL (Specify) 240. DOGATION (City, town, or county) OR CREMATORY A4B. DATE 24C. NAME OF CEMETERY

MAR 1 21951 V S 151 PR FUNERAL DIRECTOR ADDRESS

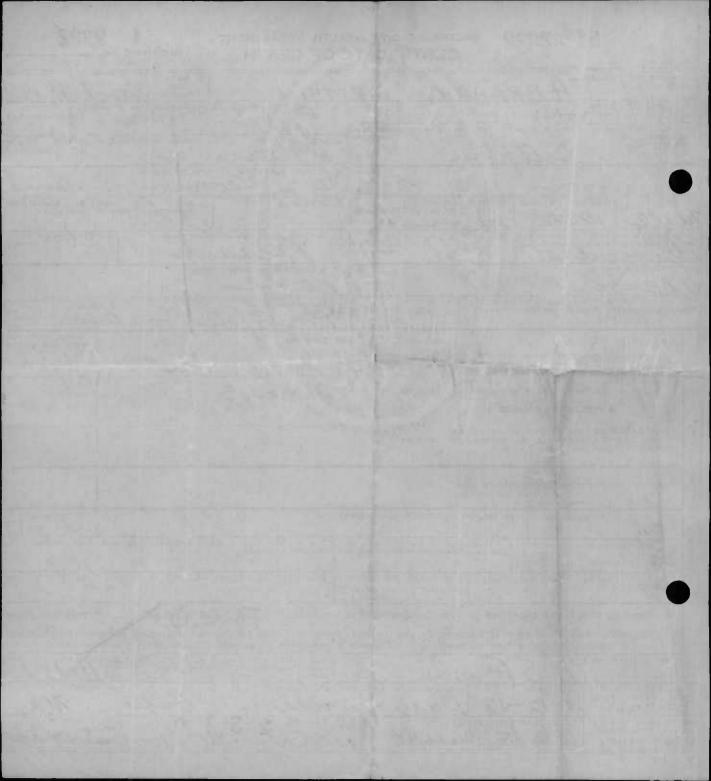
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	000 51 235	BALTIMORE CITY HE	EALTH DEPARTMENT	51	2321
	ND-146233	CERTIFICAT		Registered N	0
	NAME OF DECEASED Type or Print) Sat	m China (Chin Fos))	2. DATE OF DEATH Marc	ch 10,1951
	. PLACE OF DEATH: . Baltimore City, Maryland		4. USUAL RESIDENCE (W		
II E	OCCUTAL OR	tal or institution, give street address or location)		outside corporate limits	Write RURAL and giv
1	NSTITUTION Baltimor	re City Hospitals	Baltimore	4-	townshir
		Yrs. Mos.	o. STREET ADDRESS (If r	ural, give location)	
100	ength of stay in Baltimore SEX 6.COLOR OR RACE	7. SINGLE, MARRIED.	322 Park Avenue	9. AGE (In years) #	Under 1 Year If Under 24 Hour
	Male Yellow	WIDOWED, DIVORCED (Specify) Widowed	Mar.8,1884	last birthday) Moi	nths Days Hours Min
1 wo	OA. USUAL OCCUPATION (Give kind of rk done during most of working life, even if retired)	I TOR KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY
1	3. FATHER'S NAME		California		
	?	?	14. MOTHER'S MAIDEN NA	7 7	
1 (X	5. WAS DECEASED EVER IN U. S. ARME on, no or unknnwn) (If yos, give war or date		17. INFORMANT Baltime	ana Citar Hadi	ODRE96
	(-7,5,7,1,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0	SECURITY NO.	Records: 4940 Ea	astern Avenue	oluais
	18. /63 X I		OF DEATH		ONSET AND DEAT
	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode)	TH Proumon	ectomy		18hrs.
	heart failure, asthenia, etc. It mes injury or complication which	ne the disease	nary Failure	•••••	Immediate
	ANTECEDENT CAUS				
Z	DISEASES OR CONDITIONS, I				***
TA	UNDERLYING CONDITION L				
		(0)			
ERTIFICATION	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT	ITIONS CON-			
Ü	TO THE DISEASE OR CONDITION				
AL	3-9-51	Pneumonectory	ATION		YES NO
EDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., in about hame, farm, factory, street, office bldg.,		in Baltimore City, g	ive exact location)
Σ	21D. TIME (Month) (Day) (Year FINJURY	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
		m. WHILE AT NOT WHILE			
22. I hereby certify that I attended the deceased from 2-23, 1951, to 3-10, 1951, that I la					
deceased alive on 3-10, 19 51, and that death occurred at 8:50 a.m., from the causes and on the date sto					
	1.5	Clogers M.O.	4940 Eastern Avenu		3-10-51
	AA. BURIAL, CREMA- ON, REMOVAL (Specify) Mar/ /3	151. Torrange	Instance War	adbuse 1	or county) (State)
L	ATE RECEIVED BY RECISTRANT OCAL REGISTRANT MAR 21951	S aprayamana, Ma	25. FUNERAL DIRECTOR	3/ 108/	ADDRESS / Marth An
	VS 150		The state of the s	P.F.	4/

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was indicated?

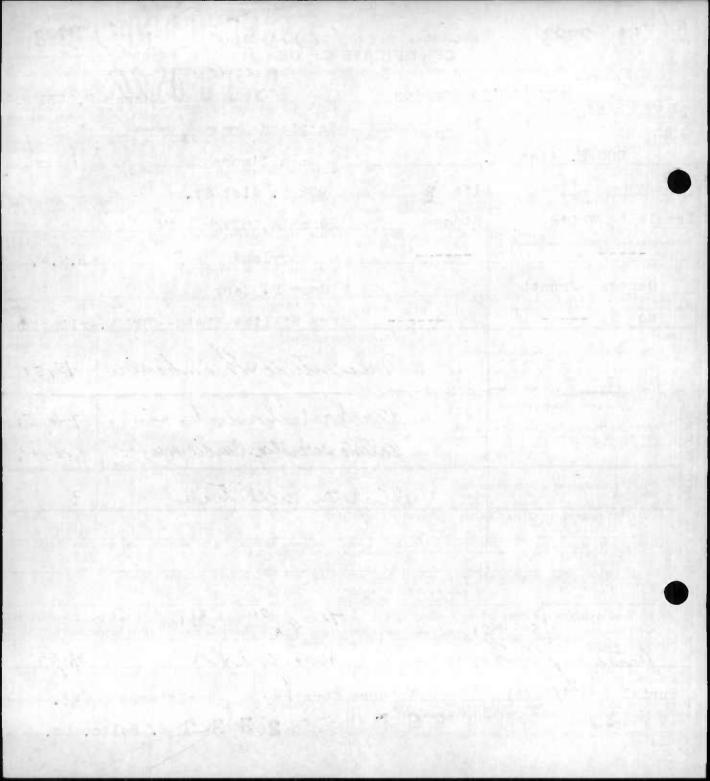
"Pneumonectomy was performed for carcinoma of lung"
SeeDocument File 51-2321
4/18/51
ES

BIRTH NO. 51 2222 BALTIMORE CITY HE CERTIFICATE	
1. NAME OF DECEASED A	I 2. DATE
(Type or Print) ABRAHAM EP.	STEIN DEATH March 11 1951
A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hespital or institution, give street address or	1000
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate imit write R) let L and give township)
Sulkerue Yrs.	D. STREET ADDRESS (If rural, give location)
moth of stars in Politics	3107 Tarrison Galand
5. SEX 6. COLOR-OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years) (If Under 1 Year If Under 24 Hours
Wale Whete marrie	last birthday) Months Days Hours Min.
104 USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working ko, even if refired) All INDUSTRY	I slaud WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
/www	rose
(Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	10ty 6 Islan - paux
18. 443X CAUSE C	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1 to : Hart 141 +
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	PERTENSIVE ITARI
injury or complication which caused death.) DUE TO	DISERSE
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
U	
OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?
21a EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (If in Baltimore City, give exact location)
UNDERLYING OR CONTRIB. about home, farm, factory, etreet, office bldg., et	
M SID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
TINJURY WHILE AT NOT WHILE AT WORK AT WORK	
22. I certify that I took charge of the remains described at	bove, held an The pecholo thereon and from
	Autopsy Inspection or Inquiry
and death in my opinion resulted from: natural eauses	nquiry, find that said deceased died on the day stated above, \square accident \square , suicide \square , homicide \square , undetermined \square .
23A. SIGNATURE RSF ISLES M.	236. CHIEF MEDICAL EXAMINER
244 BURIAL, CREMA- 248, DATE 240 NAME OF CEMETER	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAR 1 21951 with tor Williams, M.	ack Lewisone 2100 outant
V S 151	20081 93)



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

ВІ	RTH NO.			CERTIFICATI	E OF DEATH	Registere	d No		
	NAME OF D	DECEASED				2. DATE			
(T	'ype or Print)	Mary Lo	uise (Compton	OF				
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived, if institution: residence				
	FULL NAME		al or institut	ion, give street address or	A. STATE B. COUNTY before admission) Maryland				
H	OSPITAL OR	(11-11-11-11-11-11-11-11-11-11-11-11-1		location)	C. CITY OR TOWN (If outside corporate in ts, write R. RAL and give				
0		02 E. 41st	St.	Wilder Co.	(depth depth				
		20 20 1100	0.00	Yrs.	o. STREET ADDRESS (If				
C	ength of s	stay in Baltimore	Life	Mos.					
5.	SEX	6. COLOR OR RACE		Days Days	8. DATE OF BIRTH 9. AGE (in years) If Under I Year If Under 24 Hours				
Tr a	emale	White		ED, DIVORCED (Specify)		last birthday)	Months Days	Hours Min.	
		CCUPATION (Give kind of		of BUSINESS OR	March 4 1877	74			
worl	done during most	of working life, even if retired)	TOB. KINE	INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR				
12	EATHED'S				Maryland	Maryland			
13	FATHER'S				14. MOTHER'S MAIDEN N	AME			
	Geor				Mary V. Carr				
(Ye	, WAS DECEAS , no or unknown)	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	Ave	
	no				Mrs William R	Jein707	E Anl	ington	
	18. Ltv	v. /		CAUSE	OF DEATH	20211	INTERV	AL BETWEEN	
	DISEAS	SE OR CONDITION	DIRECTLY			1	ONSET	AND DEATH	
	(This does	LEADING TO DEAT	rH f dving a g	m held	enterio The	makes	1. 31	5/01	
	heart failu	ire, asthenia, etc. It mea complication which c	ns the diseas	e.		V XXX. U J Y		9.1.9.	
	injury or	complication which c	auseu ueatn	.) DUE TO					
	ANTECEDENT CAUSES (B) Cerebral Thrombasis							3/1-	
O	DISEASE	S OR CONDITIONS, II	ANY, GIVIN				/*	26/1	
Ĕ	RISE TO T	THE ABOVE CAUSE (A)	STATING TH	E DUE TO	. 1. 4. 1.	1.			
S				(c) Uhllm	o seleration Cur	als Hasudo	14	ears?	
ERTIFICATION		- 11				- Mis	cars 1		
R		SIGNIFICANT CONDI		.0 - 0	4 000				
CE		S TO THE DEATH, BUT		T. Mal	etes mellite	us.	?		
	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20.4	AUTOPSY?	
A							YES [NO O	
EDICAL		ENT WAS UNDER-		CE OF INJURY (e. g., in erm, factory, street, office bldg., e	or 21c. WHERE DID (If in Baltimore Cit	y, give exact	location)	
	CAUSE OF	R CONTRIBUTING DEATH	anout nome, i	arm, raccory, acrees, omce ning., e	w. / INJURY OCCURY				
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F, HOW DID INJUR	Y OCCUR?			
	FINJURY			WHILE AT NOT WHILE					
22. I hereby certify that I attended the deceased from 2/13, 1951, to 3/9, 1951, that I last saw deceased alive on 3/8, 1951, and that death occurred at 8 A.m., from the causes and on the date stated about								<i>r</i> .	
	23A. SIGNA	TURE 1	2		38. ADDRESS	11	23c. DA	TE SIGNED	
2/	A. BURIAL,	CREMAN 200 PATE	non		RY OR CREMATORY 240. L	OSATION (City to	2/1	2/5	
TIC	N. REMOVAL (S	Specify)		24C. NAME OF CEMETE	RY OR CREMATION 240. L	OCATION (City, to	wn, or county)	/ (State)	
_	Burial	3/12/5	1 4	Baltimore	Cemetery	Baltimor	o Ma	1	
DATE RECEIVED BY REGISTRAR GIGNATURE									
John Allowan 3000 E. Balto St.									
	VS 150								
					161		61		
				(9			01		



1625 51 2324

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

0-51		
institution : residence before admission		
c. CITY OR TOWN (If outside corporate limits, write RYRAL and give		
township		
(2)		
Under Year II Under 24 Hours nths Days Hours Min		
12. CITIZEN OF WHAT COUNTRY		
Catherine Kutcher		
N. Hilton		
INTERVAL BETWEE		
7		
20. AUTOPSY?		
YES X NO L		
that I last saw th		
he date stated above		
3-10-51		
or county) (State)		
ADDRESS 805 alvert st.		

			Charles Head of the Administration of the Control o
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mortiel . I del amor	THE PERSON NAMED IN		
			The state of the s
and the second second			
	HE SHEET STREET		
	Market Salar E. Land		
DESCRIPTION OF STREET			

CERTIFICATE OF DEATH

51 2225 Registered No.

BIRTH NO.		CLIC	THICAIL	OI BEATH		
1. NAME OF (Type or Prin	DECEASED t)	James	Edward	l Brown.	OF Man	ch 9, 1957
A. Baltimor	e City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived. If in B. COUNTY	nstitution: residence before admission)
B. FULL NAI HOSPITAL C INSTITUTIO	R	l or institution, give		Baltimore	d outside corporate imits	write R RAL and give
ength o	f stay in Baltimore		Yrs. Mos. Days	1505 W. Sa	rural, give location)	٤,
mal mal	6.COLOR OR RACE	7. SINGLE, MARR WIDOWED, DIV	ORCED (Specify)	Dec. 9, 1898	9. AGE (In years It U last birthday) Mon	nder I Year the Days Hours Min.
10A. USUAL	OCCUPATION (Give kind of lost of working life, even if retired)	108. KIND OF BU	SINESS OR INDUSTRY	1. BIRTHPLACE (State or for	ty md.	2. CITIZEN OF WHAT COUNTRY?
13. FATHER		un.	1	Elizabeth	Smith.	ve. Air vo.
15. WAS DECI	ASED EVER IN U, S. ARMED (If yes, give wer or dates	FORCES? 16. SC of service) SE	CURITY NO.	7. INFORMANT Ella Brow	w. 1505W	Saraton
CO DISEAR RISE T UNDE	EASE OR CONDITION IN LEADING TO DEAT loes not mean the mode of ailure, asthenia, etc. It mear or complication which es ANTECEDENT CAUSING SES OR CONDITIONS, IF DEATH OF THE ABOVE CAUSE (A) RLYING CONDITION LAST SIGNIFICANT CONDITION IN SIGNIFICANT CONDITION LAST SIGNIFICANT CONDITION IN SIGNIFICANT CONDITION LAST SIGNIFICANT CONDITION IN SIGNIFICANT CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION COND	dying of a	E TO	harfure to	The Infect	9900 in (over)
U TO THE	ING TO THE DEATH, BUT ! DISEASE OR CONDITION OF OPERATION		NGS OF OPERAT	ione		20. AUTOPSY?
LYING CAUSE	CIDENT WAS UNDER- OR CONTRIBUTING	21B. PLACE OF about home, farm, factor	INJURY (e. g., in or y, atreet, office bldg., etc.)		If in Baltimore City, gi	YES NO Ve exact location)
21b. TIM	(Month) (Day) (Year)	(Hour) 21E. INJ WHILE AT WORK	NOT WHILE	21F. HOW DID INJURY	Y OCCUR?	
			it death bocurre	d at 17 m., from t	the causes and on the	that I last saw the date stated above. 23c. DATE SIGNED
24A. BURIA TION, REMOVA		3,1951 Qal	ME OF CEMETERY	OR CREMATORY 24D. L	OCATION (City, town,	regulty) (State)
DATE RECE LOCAL REG	VED BY REGISTRAR'S	111-11-000	14, M= 0 m	5. FUNERAL DIRECTOR	Diams Se	ADDRESS 322 No.
VS 150			97	0099		13B

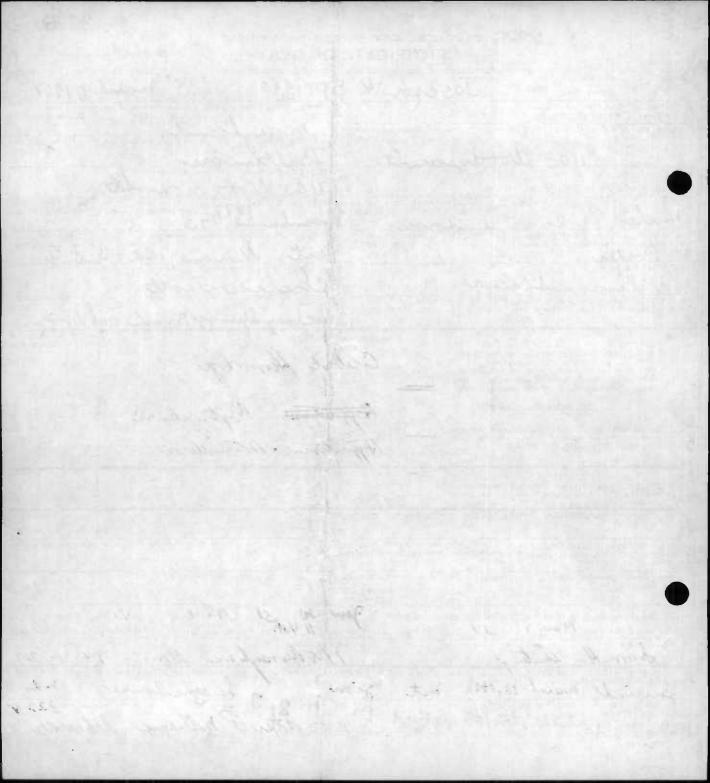
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FOR STATISTICAL PURPOSES ONLY

Registered Case # 00825 TB Bureau of BCHD as pulmonary tbc.

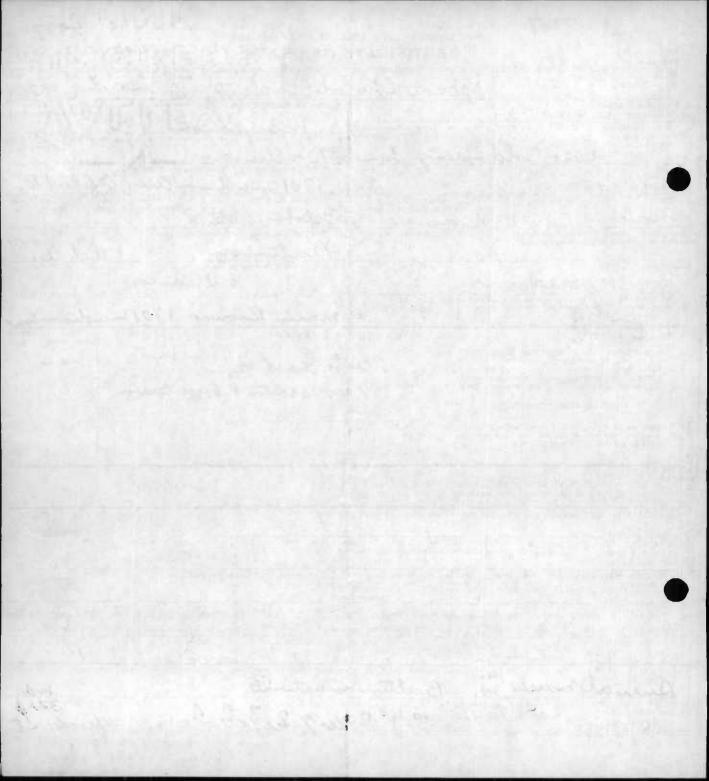
3/13/51 ES

BALTIMORE CITY HEALTH DEPARTMENT	**
BIRTH NO. CERTIFICATE OF DEATH Registered	No.
1. NAME OF DECEASED (Type or Print) Joseph W. Spriggs, of DEATH ha	rch9, 1951.
3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived, I a. STATE B. COUNTY	f institution : residence before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION (If outside corporate im)	
1103 Woodyear St Baltimore,	O Cownship
ength of stay in Baltimore Yrs. Mos. Days 1103 Woodyeak	t.
5. SEX , 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH, 9. AGE (in years)	If Under 1 Year If Under 24 Hours Onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of working life, even if retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) INDUSTRY	12. CITIZEN OF
Porter mt. Winians md	W S CUNTRY
13. FATHER'S NAME William Springers. 14. MOTHER'S MAIDEN NAME Cecelia Troth	
(1 only no my amendment) (11) and Stree west in devels int service) SECURITY NO.	1103 Wordyan
18. 446 X 1 CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CINCLES AND	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE HINDERLY VIAIS CONDITION.	
UNDERLYING CONDITION LAST. (C) Apputipus & Artumelumis	
OTHER SIGNIFICANT CONDITIONS CON-	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Take Stage of things () Late waying our (K R.K.	YES NO
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in nr LYING OR CONTRIBUTING About home, farm, factory, street, nffice bldg., etc.) INJURY OCCUR?	give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE	
m. WORK AT WORK	
deceased alive on Man 9, 1957, and that death occurred at 11 You. m., from the causes and on	I, that I last saw th the date stated above
Som H. auto 1 M.D. 18 Herseylvonia Bru.	Mer 10 957
24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 240, LOCATION (City, town tion, REMOVAL (Specify)	
Brual march 13, 1701 Int. From Janesols down	e, md.
LOCAL REGISTRAR TO THE MAN TO THE PORT OF THE PARTY OF TH	ADDRESS 322N
VS 150	MANUTALLIS

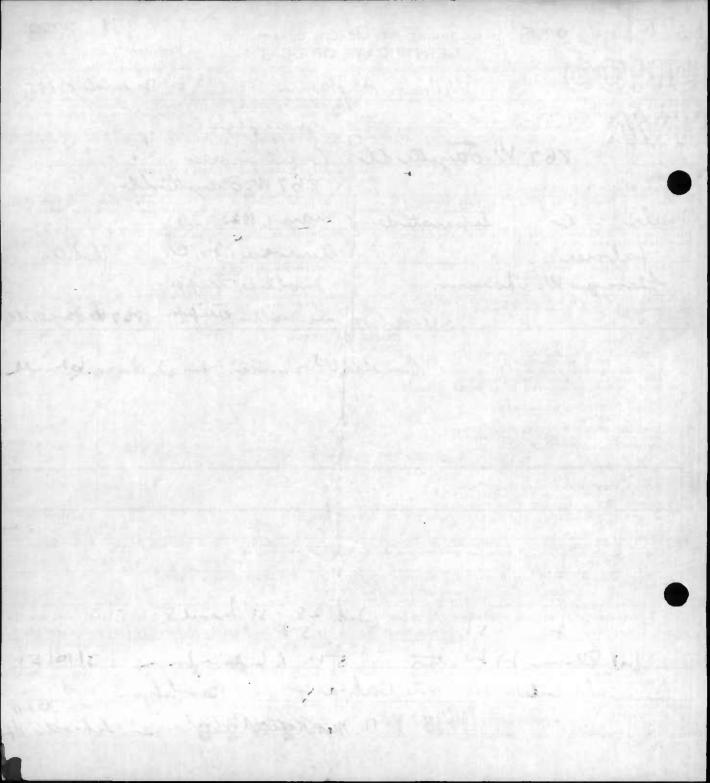


51 2227

В	CERTIFICATE OF DEATH Registered No.					
1.	NAME OF DECEASED	1	2	DATE	=	
(T	ype or Print)	bert Edwa	ird Staples In.	DEATH March 9, 195		
	Baltimore City, Maryland		4. USUAL RESIDENCE (Where	deceased lived. If institution: residen B. COUNTY before admi		
H	FULL NAME OF (If not in hospital or institution 2/0/	ion, give street address or location)	C. CITY OR TOWN (If outsi	de corporate limits, write RUVAL an		
	2021 Cold Sp	ling Lang	Baltimore	town	nship)	
	ength of stay in Baltimore	Yrs. Mos.		mar. apt. 41	3.	
5.		Days Days		AGE (In years Il Under Year If Under 2	A House	
		ED DIVORCED (Specify)		lest hirthday) Monthe Days Hours		
10 worl	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign		ITRY?	
13	FATHER'S NAME		10 alternore,	4.5.4		
10	Robert Staples.		14. MOTHER'S MAIDEN NAME	iams.		
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? In no or unknowo) (If you, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	=	
,		SECORITI NO.	marie Brown	· 1701 madigan	The s	
	18. 443 X	CAUSE	OF DEATH	INTERVAL BET		
	DISEASE OR CONDITION DIRECTLY		. 0	ONSET AND D	DEATH	
	(This does not mean the mode of dying, e.g	aci	te Gastrot	5 hour		
	heart failure, asthonia, etc. It means the discase	e, (1)				
	injury or complication which caused death	.) DUE-TO-ON	yocardita + Hy	ertenaron		
	ANTECEDENT CAUSES		00			
Z	DISEASES OF CONDITIONS IS ANY AUTOM					
HOL	DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH					
⋖	UNDERLYING CONDITION LAST.	(C),				
FIC						
RTI	OTHER CICHELONIA CONDITIONS					
ER	OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE	D				
U	TO THE DISEASE OR CONDITION CAUSING I					
၂	19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER	ATION	20. AUTOPS		
CA	L 210 PLA	CE OF INTURY /	- Late WHERE DID (16 in	Baltimore City, give exact location	10	
IEDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, CAUSE OF DEATH	ACE OF INJURY (e. g., in erm, fectory, street, office bldg., e		Dailimore City, give exact location		
Σ		21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OC	CUR?		
	TINJURY m.	WHILE AT NOT WHILE				
	22. I hereby certify that I attended the		04 / 1950/to man	9-, 195/, that I last say	n the	
	deceased alive on 3-2-, 195/		red at 7:30 Am from the co	uses and on the date stated a	hone	
	23A. SIGNATURE		3B. ADDRESS	23c. DATE SIG		
	Wm R. Boykum	м. р.	1133 n mony	x 4 3/10-51		
24	A. BURIAL, CREMA- 24B. DATE 1931	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LOCA	FION (City, town, or county) (S	tate)	
110	Bur al march 14.	Baltinio	re national	m	di.	
	ATE RECEIVED BY REGISTRAR'S SIGNATU	RE I	25. FUNERAL DIRECTOR	ADDRESS 32	2/2	
(MAR 1 2105	Franks / Vin C	Me Vate My	cams/ Selande.	10	
	WAK 21351		Je way		1	
	V3 130			020		



51 2328 BALTIMORE CITY HEALTH DEPA	70 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
BIRTH NO. CERTIFICATE OF DEA	ATH REGISTERED TO		
1. NAME OF DECEASED William A. Hamm.	2. DATE OF march 8, 1951		
	SIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION C. CITY OR TO			
867 W. dayette St. Bal	timore		
Yrs. D. STREET AD	W. Fayette St		
male 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) may	RTH S. AGE (In years H Under I Year H Under 24 Hours Min. 1923 27		
	CE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME 14. MOTHER'S	MAIDEN NAME		
George W. Idamm. mol	lie Tripp.		
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL SECURITY NO. 31-09-6519	The eripp 867 W. Fayetelt		
18. 44 V . CAUSE OF DEATH	INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH		
(This does not mean the mode of dying, e.g.,	Do rend diseas houte		
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			
UNDERLYING CONDITION LAST.			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)			
OTHER SIGNIFICANT CONDITIONS CON-			
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
<u> </u>	YES NO P		
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or INJURY OCCUPANCE) 21C. WHER			
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW	DID INJURY OCCUR?		
WHILE AT NOT WHILE			
m. WORK AT WORK 22. I hereby certify that I attended the deceased from 28. 1	951, tohand 8 , 195 that I last saw the		
deceased alive on 19.5. and that death occurred at 5.	an from the causes and on the date stated shows		
23A. SIGNATURE 23B. ADDRESS	23c. DATE SIGNED		
lallem Hwater M.D. 5-15 4	Columbia - 3/10/51		
24a. BURINL, CREMA- 24B. DATE 24c. NAME OF CEMETERY OR CREMATO	ORY 240. LOCOTION (City, town, or county) (State)		
Tall too mount of the same of	DIRECTOR ADDRESS 322N		
MARIZISSI 3 TO THAN TOUR	explicana libradus		
VS 150	1015		
97099	13/0		



10A. USUAL OCCUPATION (Givekindel) 108, KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY Laborerreman Laborer

13. FATHER'S NAME John Weselv Neal

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown)

17 INFORMANT

Mrs. Ekla P. Neal

CAUSE OF DEATH

Anne Arundel Co.

14 MOTHER'S MAIDEN NAME

Harriett arthur

Crushing injury of the abdomen and chest

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Rupture of spleen

(c) Massive intraabdominal hemorrhage

DUE TO

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21c. WHERE DID 218, PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB-INJURY OCCUR?

about home, farm, factory, street, office bldg., etc.) industrial

UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

WHILE AT X March 8. 1951 2.00p m.

F INJURY

Struck & knocked against box car by steel 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from

R.C. Herd Co., Pier 3, Locust Point 21F. HOW DID INJURY OCCUR?

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MI 23c. DATE SIGNED

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county) 3/12/1951

Mt. Auburn REGISTRAR'S SIGNATURE

MEDICAL INVESTIGATOR ..

MAR 2195 VS 151 -869.

March 9

(If in Baltimore City, give exact location)

WHAT COUNTRY?

ONSET AND DEATH

20. AUTOPSY?

ADDRESS

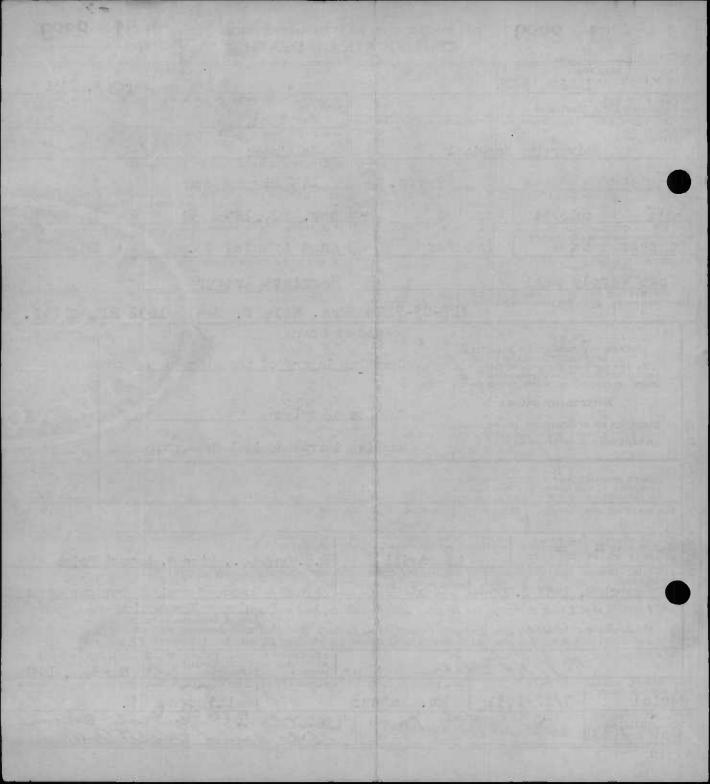
1432 Riggs Ave.

Burial

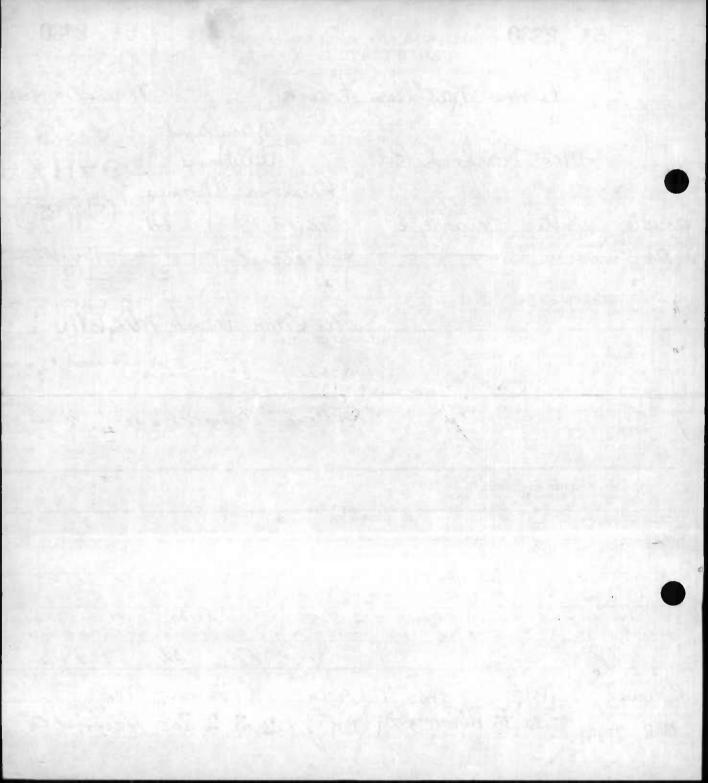
DATE RECEIVED BY

ERTIFICATION

U



657 51 2330 BALTIMORE CITY HEALTH DEPARTMENT X	51 2330 Registered No.
1. NAME OF DECEASED	DATE
ama Kathleen Frank	EATH March 10, 1951
A. Baltimore City, Maryland	deceased lived. If institution: residence B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION C. CITY OR TOWN If outside	e corporate limits, write RURAL and giv
4700 Harford Rd. Baltimare	Megen Ville township
ength of stay in Baltimore Yrs. Mos. Days Days	give location
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. A	GE (in years M Under I Year M Under 24 Hours ast birthday) Months: Days Hours: Min.
Jenale White married Lie. 12, 1882	68
Ark done during more of working life, even if retired) INDUSTRY INDUSTRY INDUSTRY	WHAT COUNTRY
13. FATHER'S NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT	
(Yee, no or unknown) (If yes, give war or dates of service) SECURITY NO.	& Marca Villa
18. 33/X CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	£(21) 4 0.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	J. J.
ANTECEDENT CAUSES (B) Cerebral Hemorr	6 4 6.
O DISEASES OR CONDITIONS, IF ANY, GIVING	traige (44.)
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in B	YES NO Laltimore City, give exact location)
CAUSE OF DEATH	
INJURY OCCURRED 21F, HOW DID INJURY OCCURRED NOT WHILE AT NOT WHILE	UR?
22. I hereby certify that I attended the deceased from 3-9-47, 19, to 3-1	, 1957, that I last saw the
deceased alive on 3-9 . 1937. and that death occurred at & q.m., from the car	
23A. SIGNATURE 23B. ADDRESS M.D. 11 & Ch.	3-11-51
	ON (City, town, or county) (State)
DATE RECEIVED BY REGISTHAR'S, SIGNATURE" (25. EUNERAL DIRECTOR	m, Mod
LOCAL REGISTRAR MAD 1 2105	05 Harfred A.
VS 150	
	830

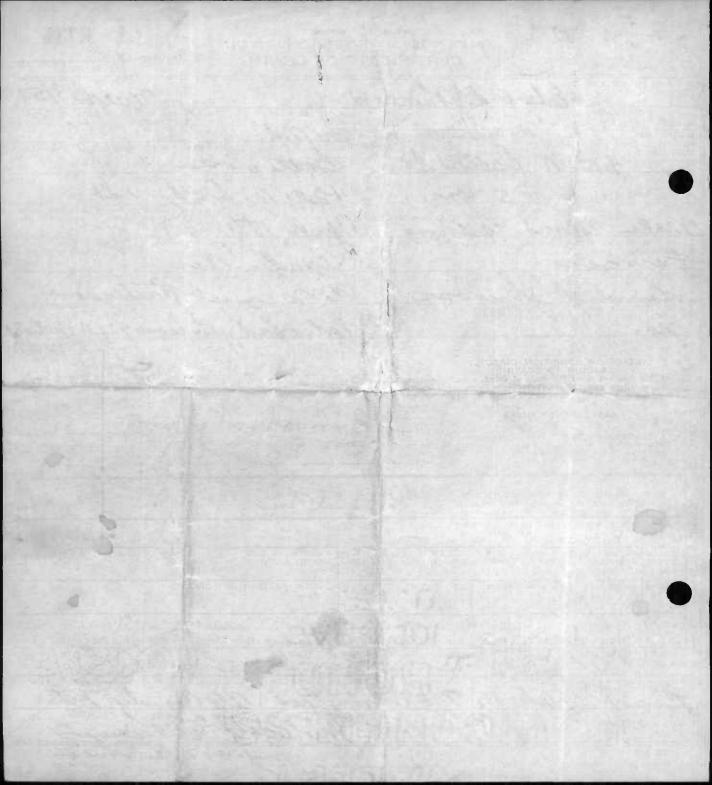


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2231

Registered No.___

BIRT	H NO.			
	or Print) Edward Hunson		2. DATE OF March	29/51
А. Ва	ACE OF DEATH: altimore City, Maryland	4. USUAL RESIDENCE (WH		ion: residence before admission)
HOS	LL NAME OF (If not in hospital or institution, give street address or location)	c. CITY OR TOWN (If o	utside corporate limits yrite	BORAL and give
00	422 D. Vallad St.	Dattimor	gal, give location)	township)
C. Le	ength of stay in Baltimore 5 Mos. Days	422 n. L	allan et	•
5. SE	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	Obrillo 1881	9. AGE (In years if Under I Ye last birthday) Months Da	ays Hours Min.
	USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY)	M. BIRTHPLACE (State or for		TIZEN OF HAT COUNTRY?
13. F	ATHER'S NAME	14. MOTHER'S MAIDEN NAI	ME O	
	Landy Suncon		+ Vailers	one
75. V (Yee, D	AS DECEASED EVED IN U. S. RMED FORCES? Oct unknown) (If Ja, give to or dates of service) SECURITY NO.	17 INFORMANT	Housest 427)	
18	CAUSE .	OF DEATH		ERVAL BETWEEN SET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	J. 7 tz		-Ω
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	169 21-110 12	ramenia =	0-040
	ANTECEDENT CAUSES	t was ant	- Land	3
0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE (B) (B) (D) (D) (D)	ase a femi	alagia	
CAT	UNDERLYING CONDITION LAST		1 8	***************************************
	11			
CER.	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	When		
1	PA. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION	C 2	O. AUTOPSY?
	1A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e.g., i		in Baltimore City, give exa	es No F
	YING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH			
	o. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURR INJURY while at Not while at Work at Work		OCCUR?	
	2. I hereby certify that I attended the deceased from Ma-			
	eceased alive on March 919 51, and that death occur	rred at		DATE ELENED
	By May W.D.	14 22 15.	Kase 1 3	18/01
TION.	BURIAL, CREMA- 24B. DATE 248. NAME OF CEMETE 248. NAME OF CEMETE	RY OR CREMATORY, 24b. LO	CATION (City, town, or cotto	he C (State)
	RECEIVED BY REGISTRAR'S GIGNATURE	FUNERAL DIRECTOR	ADDR.	ESS Tay
	VS 150	2014 112	In. Care	· Sky S
	16	010		931

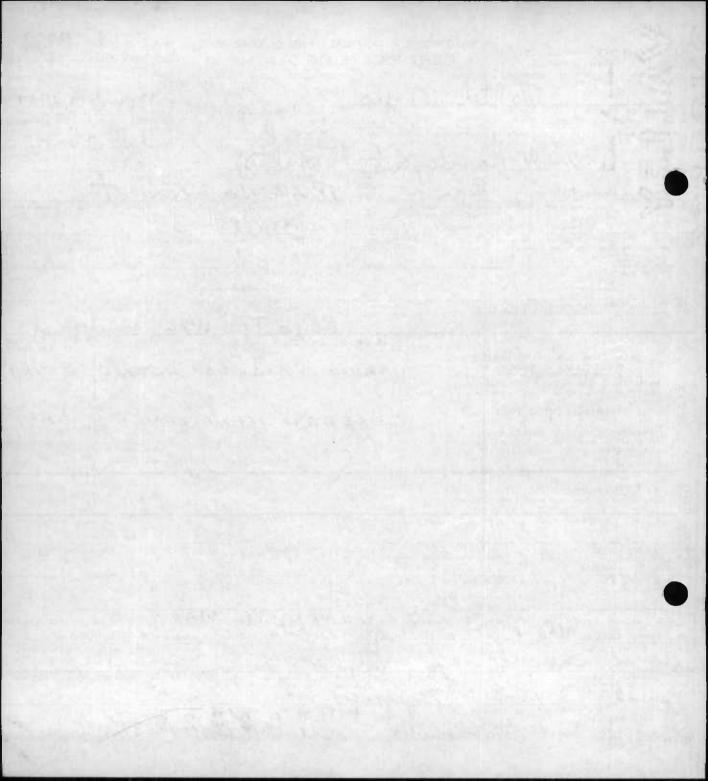


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BALTIMORE CITY HEALTH DEPARTMENT

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ristored No	

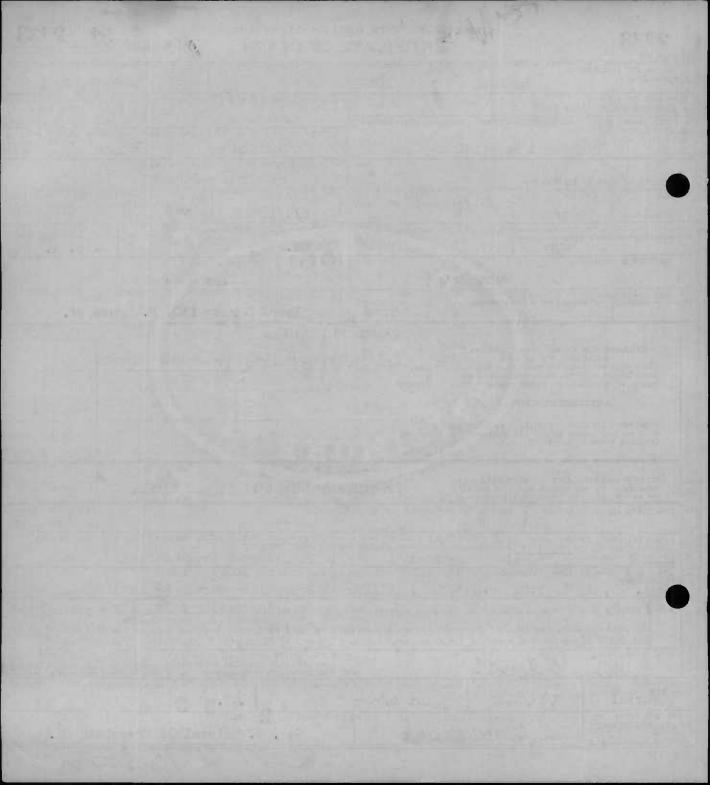
BIRTH NO.				
1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH Warch 9 1951				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If Institution: residence A. STATE B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street ad	dress or A			
INSTITUTION 1022 W	cation) C CITY OR TOWN (If outside corporate limits, while HURAL and give township)			
1822 W. Laralogas	Yrs. D. STREET ADDRESS (If rural, give location)			
ength of stay in Baltimore	Mos. 1222 / +			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	Days S. DATE OF BIRTH 9. AGE (In years 11 Under 1 Year 12 Under 24 Hours 12 Under 24 Hours 13 Under 24 Hours 14 Under 24 Hours 15 Under 24 Hours 16 Under 24 Hours 16 Under 24 Hours 17			
WIDOWED, DIVORCED	(Specify) may 23 1885 last birthday) Months Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life, even if retired)	The state of the s			
- money	U.S.A.			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
15 WAS DECEASED EVEN IN A CONTROL OF THE PROPERTY OF THE PROPE				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY	NO. 17. INFORMANT ADDRESS			
18. 4221 CA	USE OF DEATH INTRVAL BETWEEN			
18. 422, / CA DISEASE OR CONDITION DIRECTLY	USE OF DEATH			
(This does not mean the mode of dying, e.g.,	RDIO VASCULAR DISEASE 2 YRS			
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO				
ANTECEDENT CAUSES	1.00			
Z DISEASES OR CONDITIONS, IF ANY, GIVING	EREBRAL HEMORRHAGE / PAX			
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED				
11				
OTHER SIGNIFICANT CONDITIONS CON-				
TO THE DISEASE OR CONDITION CAUSING IT.	OPERATION 20. AUTOPSY7			
N N N N N N N N N N N N N N N N N N N	YES NO Z			
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, ferm, fectory, street, office bidg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) 1NJURY OCCUR?				
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OF	CURRED 21F, HOW DID INJURY OCCUR?			
WHILE AT NO	T WHILE			
22. I hereby certify that I attended the deceased from	JUNEIS 1948 to MAR 9, 1951, that I last saw the			
deccased alive on MAR P, 1951, and that death	occurred at A.m., from the causes and on the date stated above.			
23A. SIGNATURE	238. ADDRESS 23C. DATE SIGNED			
24A. BURIAL, CREMA-1 24B. DATE 24C NAME OF C	EMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)			
THEN REMOVAL (Specify) 3-13-51	tus ma			
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. UNERAL DIRECTOR			
MAD 1 210 E1	The G. H. Best 1303 Polathorene st			



	2333	CERTIFICATE OF DEATH Registered No. 1 2333					
В	RTH NO.			CENTIFICATI	- OF DEATH		
1.	NAME OF D		CHAEL	DORSEY	Z	OF Marc	h 9, 1951
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (W		
H	FULL NAME OSPITAL OR ISTITUTION	OF I not in hospit	al or institut	ion, give street address or location)	Maryland c. CITY OR TOWN (If	outside corporate lani	write LURAL and give
1	4	Provident H	ospital		Baltimore	12	Township)
r	ength of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If		
3	Ex Female	6.COLOR OR RACE	MIDOM	E, MARRIED, ZED, DIVORCED (Specify)	8. DATE OF BIRTH 8/1/1875	9. AGE (In years last birthday) Mor	ender I Year H Under 24 Hours nths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		O OF BUSINESS OR	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY
12	. FATHER'S	none			Md.		U. S. A.
15	. FAIRER S I	NAME	John Do	rear	14. MOTHER'S MAIDEN NA	a Hatchett	
15	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		DDRESS
(X e	10 or unknown)	(If yes, give war or date	of service)	security No.		y 1303 N. Bru	
	18. E 8 /	2.4		CAUSE	OF DEATH		INTERVAL BETWEEN
	(This does	SE OR CONDITION LEADING TO DEA's s not mean the mode of ure, asthenia, etc. It mean complication which	TH of dying, e. a	ie,	sclerotic cardio	vascular dise	ase
	injury of	ANTECEDENT CAUS		.) XVEXTO X Uremia			
z	DISEASE	S OR CONDITIONS, I	F ANY. GIVIN	(8)		***************************************	
TIO	RISE TO T	THE ABOVE CAUSE (A)	STATING TH				1000
ICA							
RTIFICATION	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	Fractur	re of pelvis re of right tibia	and fibula	May 139
CE	THE RESERVE OF THE PERSON NAMED IN			FINDINGS OF OPER	ATION		20. AUTOPSY?
AL	214 FYTEDS	NAL CAUSE WAS	1 218. PLA	CE OF INJURY (e. g., in	or 21c. WHERE DID (I	f in Baltimore City, g	YES NO X
EDIC	UNDERLYIN UTING M	G OR CONTRIB-	about bome, f	arm,factory,street,officebldge Street	to.) INJURY OCCUR?	Bruce Streets	101
Z	21D. TIME	(Month) (Day) (Year)		21E. INJURY OCCURRE			10 0
r	Feb. I	9, 1951 9:00	P.m. 1	WHILE AT NOT WHILE	Pedestrian s	truck by auto	
h	22. I ecrti	fy that I took ehar	ge of the	remains described a	bove, held an Inspecti	ion & Inquiry	thereon and from
	the evi	idence obtained by ath in my opinion	said Autoresulted f	psy, Inspection or I rom: natural causes	Autopsy, Inquiry, find that said de [accident], suicide	reeased died on the \Box , homicide \Box , un	e day stated above, adetermined \square .
	23A. SIGNA		SH		23B. CHIEF MEDICAL E ASSISTANT MEDICAL E D. MEDICAL INVESTIGAT	EXAMINER A	larch 10, 1951
24 TIC	N. REMOVAL (S Buria	REMA- 248 DATE pecify) 3/13/5		Mt Auburn		OCATION (City, town,	
D	ATE RECEIVE	D BY REGISTRAR			25. FUNERAL DIRECTOR	0	ADDRESS 170C
- V	S ISI	95 materials	~//www	une, Aug	Geo. G. Kel	son1303 Press	tman St.

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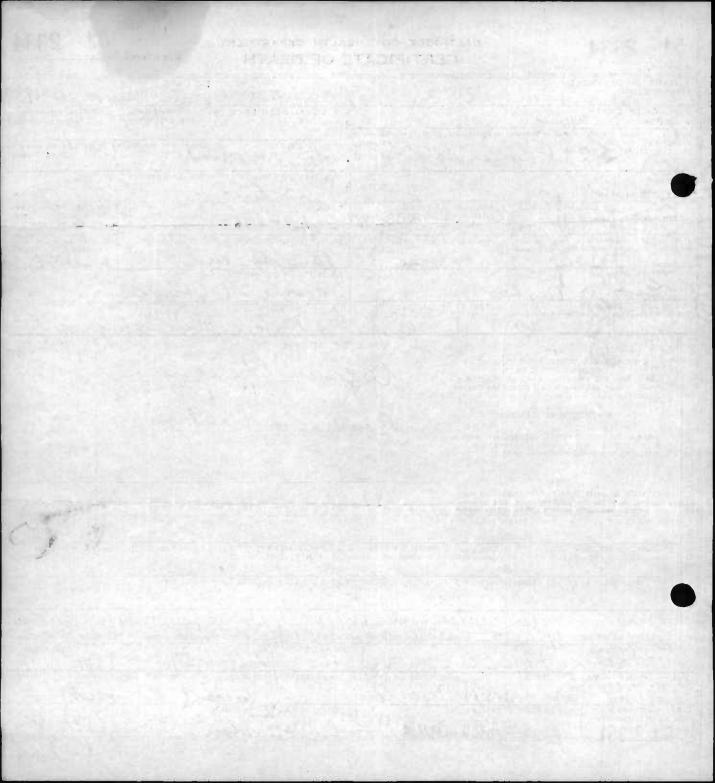
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BALTIMORE CITY HEALTH DEPARTMENT

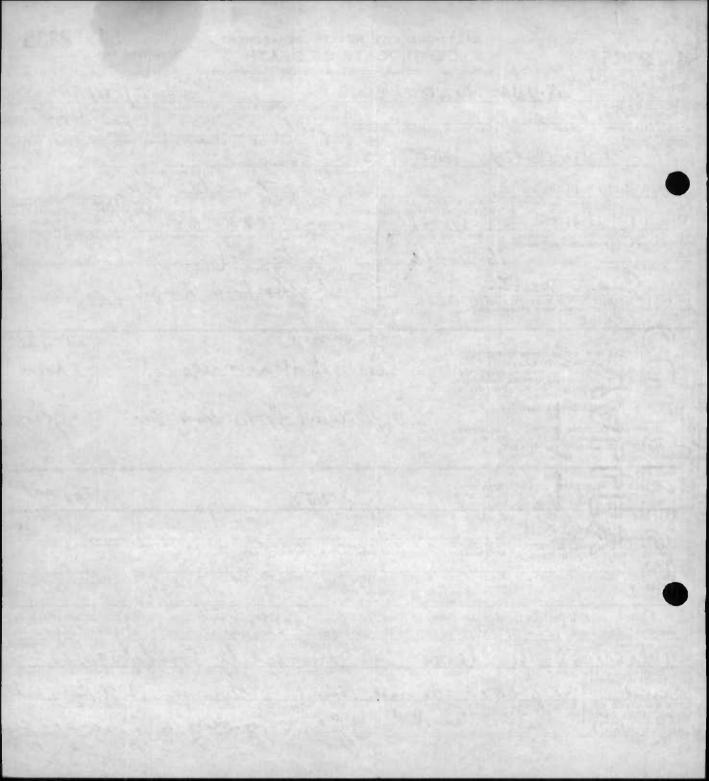
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Registered No. CERTIFICATE OF DEATH 50-226121 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write It RAL and give townshipt D. STREET ADDRESS Yrs. (If rural, give location) Mos. Length of stay in Baltimore Days 9. AGE (In years | H Under I Year | H Under 24 Hours | last birthday) | Months: Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 0 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Jours vue 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. RMED FORCES? (Yes. no or unknown) (If yes, give wer or dates of service) 16. SOCIAL INFORMANT ADDRESS (Yes. no or unknown) SECURITY NO 18. 2 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA YES 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21b. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE 1957 to 22. I hereby certify that I attended the deceased from 17 . 19 that I last saw the , 1917, and that death occurred at 8 71 deceased alive on____ h.m., from the causes and on the date stated above. 23A. SIGNATURE 239. DATE SIGNED 23B. ADDRESS 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATURY | 24D. LOQ osuna 25 KUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150



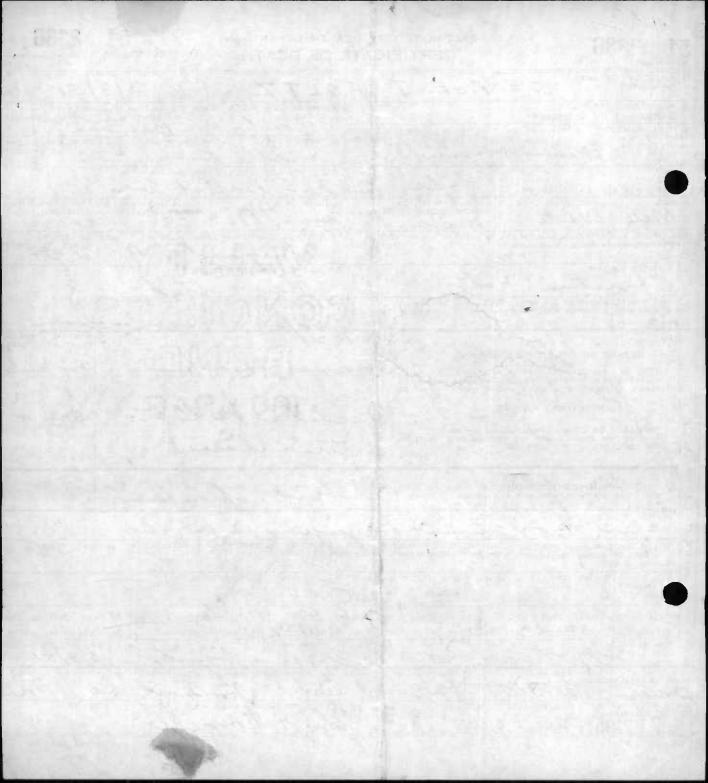
156		HEALTH DEPARTMENT Registered N	1 2335			
(1	NAME OF DECEASED ANNA MARTIN	2. DATE OF DEATH 3/1	1/51			
A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If i	nstitution : residence before admission)			
H	FULL NAME OF (If not in hospital or institution, give street address location STITUTION					
	UNIVERSITY HOSPITAL	o. STREET ADDRESS (If rural, give location)	township)			
	ngth of stay in Baltimore Mos	F177 10. A.	5200			
F	SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Special Married)	may 9- 1885 (55) Mor	Under I Year If Under 24 Hours this Days Hours Min.			
wor	A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired) A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired) A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired)	11. BOTHPLACE (State or foreign country) Balto - Co.	12. CITIZEN OF WHAT COUNTRY?			
13	James Martin	Katherine Pugh.				
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yee, give war or dates of service) 16. SOCIAL SECURITY NO.		DRESS			
	18. 443 X CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH			
	heart failure, asthenia, etc. It means the disease,	bral Hemorrhage	9 hours			
ICATION	injury or complication which caused death.) OUE TO	tensive Cardia-Vascolar Dis	Sycars			
CERTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	BESITY	15 years			
DICAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	YES NO			
MEDIC	CAUSE OF DEATH					
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK AT WORK					
	22. I hereby certify that I attended the deceased from 3/1		, that I last saw the			
	deceased alive on 3/1/, 1957, and that death occ	urred at 5 Pm., from the causes and on th	e date stated above. 23c. DATE SIGNED			
24 TI	N. REMOVAL (Specify)	TERY OR CREMATORY 24D/LOCATION (City, town,	or county) (State)			

RECEIVED BY



CERTIFICATE OF DEATH Registered No.

BIRTH NO.					
1. NAME OF DECEASED (Type or Print) GEORGE J. F	OLTZ 2. DATE OF 3/9/51				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence' A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)	Maryland Ballemore				
INSTITUTION Merry Hospital	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
Yrs.	D. STREET ADDRESS (If rural, give location)				
Congth of stay in Baltimore Mos. Days	325 Ballet ave 5200				
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years f Under I vear ff Under 24 Hours last birthday) Months; Days Hours; Min.				
Male White married	Nov. 6, 1872 68				
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
None	Maryland U.S.A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	Mary Slad				
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT// ADDRESS				
18. 2/ 0 Y CAUSE	OF DEATH				
DISEASE OR CONDITION DIRECTLY	OF DEATH				
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	mary Throntonia 7 w Menutes				
heart failure, asthonia, etc. It moans the discase, injury or complication which caused death.) DUE TO					
ANTECEDENT CAUSES	. 1 + 2 11+				
DISEASES OR CONDITIONS, IF ANY, GIVING (B) DISABELLES Mellettes					
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	+				
C) US	Unsulasia				
L II					
OTHER SIGNIFICANT CONDITIONS CON-	bral The his				
TO THE DISEASE OR CONDITION CAUSING IT.	RATION (20. AUTOPSY?				
	Tanguan it. fat + leg. YES NO				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (c.d., about home, farm, factory, street, office bldg.,	in or 21C. WHERE DID (If in Baltimore City, give exact location)				
2 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?				
MHILE AT NOT WHILE AT WORK AT WORK					
22. I hereby certify that I attended the deceased from 326 20, 195/, to Mar. 9, 195/, the					
deceased alive on Mark 9, 1951, and that death occu	Trea at LE, from the causes and on the date stated above.				
Washing !	23B. ADDRESS 23c. DATE SIGNED 3/9/5/				
24A, BURIAL, CREMA- 24B. DATE 24C NAME OF CEMETE	1100009/10-9				
Bural 3-13-51 Parkwood	Cem. Bellimire Co. md				
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	ohn J. Comelly Address				
VS 150					



117-45					
F4 0000	BA	LTIMORE CITY H	EALTH DEPART	MENT	51 2337
53. 2337		CERTIFICAT		What is a second	ered No
BIRTH NO.		OEITH TOTT	E OI DETTI		
1. NAME OF DECEAS (Type or Print)		of A.	1	2. DATE OF	m 1
	Marie :	1. Nula	elman	DEATH	Huch 10, 1951
3. PLACE OF DEATH: A. Baltimore City, N	Tarvland	1	A. USUAL RESIDE	NCE (Where deceased li	ved, 11 institution : residence before admission
B. FULL NAME OF	(If not n hospital or institu			nanula	-l
HOSPITAL OR INSTITUTION	1. 4/	location	c. CITY OR TOWN	(If outside corporat	te limits, write RURAL and giv
00 4.	109 Har	rie live.	6	salt me	xe 17-000
		Yrs. Mos.	D. STREET ADDRE	SS (If waral, give locat	ion)
ength of stay in	Baltimore	Days	4/09/	Varris)	Civemie
5/SEX 6.COL		E. MARRIED. WED. DIVORCED (Specif)	8. DATE OF BIRTH		ears Under Year Under 24 Hours
Hemale U	raite m	arried	Jeely 13 1	897 53	7)
10A. USUAL OCCUPAT			11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF
	me, even il retired)	INDUSTR	Dalte	min. m	WHAT COUNTRY
13. FATHER'S NAME		11	14. MOTHER'S MA	IDEN NAME	
Denne	, 7. V	al ilt	1 Pmin	Enl	
15. WAS DECEASED EVEN	IN U. S. ARMED FORCES?	16. SOCIAL	17. INFORMANT	- Care	ADDRESS
(Yes, oo or uoknowo)	a, give war or dates of service)	SECURITY NO.	m. lola	(Arock	A A
18. 4/20 /		CALISE	OF D'ATH	1 / Juge	INTERVAL BETWEEN
770.1	CONDITION DIRECTLY		OF WATE	111	ONSET AND DEATH
LEAD	ING TO DEATH	/ /7	to Coronas	mulusem	1-2 mm
heart failure, asth	ean the mode of dying, e. enia, etc. It means the disea	se,		0000	
injury or complic	cation which caused deat	h.) DUE TO		1	
ANTEC	EDENT CAUSES	Coron	an rator	o bein seles sus	3~5x.
DISEASES OR CO	ONDITIONS, IF ANY, GIVE	(B)	June J		Q
	VE CAUSE (A) STATING TO ONDITION LAST.	HE DUE TO	2404444		17.
FICA	10 t	(C)	y cars		O D
	11		-		
Line	CANT CONDITIONS CO				
	OR CONDITION CAUSING				
19A. DATE OF OPE	RATION 198. MAJOF	R FINDINGS OF OPE	RATION		20. AUTOPSY?
U	1 212 01	ACE OF INJUSY 1	· Loss Wilens D	ID (If to Delti-	YES NO
21A. ACCIDENT W	RIBUTING ebout home	ACE OF INJURY (e. g., ferm, factory, street, office bldg.			City, give exact location)
CAUSE OF DEATH					
F INJURY	(Day) (Year) (Hour)	21E. INJURY OCCURE		INJURY OCCUR?	
	m.	WHILE AT NOT WHILE AT WORK			
22. I hereby certi	ify that I attended the	e deceased from 19	76 , 19	to 3-10-51	, 19, that I last saw th I on the date stated above
deceased alive(on	3-10-51 19	and that death occu	irred at 635 Pm.,	from the causes and	d on the date stated above
23A. SIGNATURE	2 1		238. ADDRESS	261	23c. DATE SIGNED
	Cany 4	1 - M.D.	690 1100	121-1	3-12-57
24A. BURIAL, CREMA- TION REMOVAL (Specify)	248. DATE	24C. NAME OF CEMEN	11	24b. LOCATION (City	(State)
Durial	3/13/5/	Valy 1	edeeme	Xalle	may /Rd
LOCAL REGISTRAR	REGISTRAR'S SIGNAT	DRE	25. EUNERAD DIR	CTOR	ADDRESS . A
MAR 1 21951			X. Luck	5305	Harford Fd
VS 150			1		110
			,		094a

10:35 Dr. Rangle
642 Wash Blud

420 51kth N2338

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2338

The same of the									
	NAME OF D ype or Print)		liam	F. Gle	is fr.	2	OF DEATH M	au 9-	1951
	PLACE OF D Baltimore (4. USUAL RESID	ENCE (Wher		If institution	
B. He	FULL NAME		al or institution, g	ive street address o	C. CITY OR TOWN	arylas	rd		
IN	STITUTION	3321 6	had ale	aue	C. CITT OR TOWN	altema	side corporate lir	The write is	KA Pand give
			· · · · · · · · · · · · · · · · · · ·	Yrs. Mos.	D. STREET ADDR		l, give location)		
E	ength of s	tay in Baltimore	7 CINCLE M	Days			dale le	al_	
٥.	200	2. Sit	7. SINGLE, MA	DIVORCED (Specify	8. DATE OF BIRT	97.7	AGE (In years last birthday)	Il Under 1 Year Months Day	Hours Min.
I C	A. USUAL OC	CUPATION (Give kind of of working life, even if retird)	IOB. KIND OF	BUSINESS OR	11. BRTHPLACE	State or foreig	(n country)		IZEN OF
1	4. 120	lo Cha	ala of	industr's	Balter	noue	md.	WH	AT COUNTRY
1.3	FATHERS	AME .	46.		14. MOTHER'S MA	IDEN NAME			
15	. WAS DECEASE	D EVER IN U. S. ARMED	EORCES? 16	SOCIAL	Harak	X	swang	eco	
(Ye	e, no or unknowo)	(If yes, give wer or dates	of service)	SECURITY NO.	Mrs. Mac	garet	Gliss -	3321	Echelele
	18. 15	7× 1		CAUSE	OF DEATH				RVAL BETWEEN
		E OR CONDITION	H	Care	ui ma	1. Par		1	27118
	heart failu	not mean the mode ore, asthenia, etc. It mean complication which c	ns the disease,	DUE TO	l		-Can		
		ANTECEDENT CAUS	ES	475,000				WIND	
NO	DISEASES	OR CONDITIONS, IF	ANY, GIVING	(B)		•••••		=	*****
ATI	RISE TO T	HE ABOVE CAUSE (A) ING CONDITION LA	STATING THE	DUE TO				300	
FIC				(C)					
CERTI	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED						
1				DINGS OF OPE	RATION			20	. AUTOPSY?
DICA	21A. ACCID	ENT WAS UNDER-	21B. PLACE	OF INJURY (e.g.,	io or 21c. WHERE D	OID (If in	Baltimore City	yes	
MED		CONTRIBUTING	about home, farm, fa	ctory, street, office bldg.	etc.) INJURY OCCU	IR?			
7	21D. TIME (Month) (Day) (Year)	(Hour) 21E.	AT NOT WHILE		NJURY O	CCUR7		
h			m. WOR	K AT WORK		0/ 74		//	
	22. I hereby	y certify that I att ive on war 9	ended the dece	eased from W	10 193 (to and	v. 9 , 19:	s 1, that I	last saw the
	23A. SIGNAT	TURE	, 19-1. ana		23B. ADDRESS	, from the c	auses ana on		ATE SIGNED
	1	200gg De	recepe	м. р.	48084	urtera	2 Rd.		10/51
710	A. BURIAL. C	pecify,	, 24c.	NAME OF CEMETE	RY OR CREMATORY	2 A.J. LOCA	TION (City, tov	n, or count	(State)
D	ATE RECEIVE	D BY REGISTRAR	SIGNATURE.	orrain	27 ack	ECTOR	allo	ADDRE	rss.
LC	CAL REGIST	RAR WATER AFT	175 Maria	ME I C	TIPE	7 330	es Than	Rad	R
VIII	R 2196 VS 150				1. Juices -	., .,	1	1	
							0	460	1

Dr. Saunyer.

8 C 3 M 2 A S 1 S

536 51 2239 BIRTH NO.	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	51 2339 Registered No.
1. NAME OF DECEASED (Type or Print)	4	ATE March 11-1951
3. PLACE OF DEATH: A. Baltimore City, Maryland		eceased livel. If institution: residence before admission)
HOSPITAL OR INSTITUTION	institution, give street address of location c. CITY OR TOWN	corporate limits, write BARAS, and give
3206 6	Imara lue Dallina Yrs. D. STREET ADDRESS (If rural, s	rive location)
5. SEX 6. COLOR OF RACE 7. S	Mos. Days 3206 Elms	ra live.
male white	marriel an. 25-1892	st birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B or k done during most of working life, even if to be a life of the life of	KIND OF BUSINESS OR INDUSTRY	ountry) 12. CITIZEN OF WHAT COUNTRY?
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FOR yos, no or unknown) (If yos, give war or dates of ser	CEST 16. SOCIAL 17 INFORMANT SECURITY NO. 17 INFORMANT	ADDRESS S
	CAUSE OF DEATH	Landerkin June
DISEASE OR CONDITION DIRECTION DIRECTION DIRECTION DEATH	ETLY	ONSET AND DEATH
(This does not mean the mode of dyi heart failure, asthenia, etc. It means the injury or complication which caused	e disease,	0 1/0).
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	, GIVING	
	(C)	
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	RELATED (MEDIS A DAI WITE	5 1947
	MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in B at home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	altimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hou		UR?
	WHILE AT NOT WHILE	
22. I hereby certify that I attende	m. WORK AT WORK	4 " 5
deceased alive on Marcy (1, 19		k 11, 1951, that I last saw the uses and on the date stated above.
deceased alive on Marcy (1, 19 23 SIGNATURE LAMES 7 Kovarra	ed the deceased from June, 1946 to Marc	1951, that I last saw the uses and on the date stated above. 23c. DATE SIGNED 3-/2-6/
deceased alive on Mary (1, 19 23 SIGNATURE LANCE 24X SURIAL. CREMA- 110 REMOVAL (Speaify)	the deceased from June, 1948 to Mars I and that death occurred at 2 A.m., from the car M. M. D. 3014 W. Celley	ises and on the date stated above.
234 SIGNATURE 244. SURIAL. CREMA- 1101 REMOVAL (Specify) 3/14/5	and the deceased from , 1940 Mars and that death occurred at 2 A.m., from the car 238. ADDRESS A. M. D. 3014 W Clly 24c. NAME OF CEMETERY OF CREMATORY 24b. LOCATION CONSTRUCTION 25. FUNERAL PIRECTOR CONSTRUCTION 25. FUNER	ases and on the date stated above, 23c. DATE SIGNED 3-/2-6/ ON (City, town, or county) (State) ADD STATE A
23/ SIGNATURE 24X. SURIAL, CREMA- TION REMOVAL (Speaify) DATE RECEIVED BY REGISTAR'S SIGNATURE 24B. DATE	and the deceased from , 1940 Mars and that death occurred at 2 A.m., from the car 238. ADDRESS A. M. D. 3014 W Clly 24c. NAME OF CEMETERY OF CREMATORY 24b. LOCATION CONSTRUCTION 25. FUNERAL PIRECTOR CONSTRUCTION 25. FUNER	23c. DATE SIGNED 3-/2-6/ ON (City, town, or county) (State)

Dr. Kavanaugh 3014 Mc Eldery. #463

BALTIMORE CITY HEALTH DEPARTMENT

egistered No 2340

B	Атн NO2340	CERTIFICATI	E OF DEATH	Registered A	10
1. (T	NAME OF DECEASED GRANT A	BALLARD.		of DEATH MAN	h 9,1956
Α.	PLACE OF DEATH: Baltimore City, Maryland Balto FULL NAME OF (If not in hospital or institu	, City	4. USUAL RESIDENCE (VA. STATE		
H	ISTITUTION Maryland Genl.	Hospital	Baltimore	outside corporate findit	s, write RUPAL and give township)
	ength of stay in Baltimore 47	Yrs. Mos. Days	O. STREET ADDRESS (If	rural, give location)	
5.	M 6, COLOR OR RACE 7, SING	E. MARRIED, WED DIVORCED (Specify)	aug. 18. 1883	9. AGE in years last rihday) Mo	Under 1 Year H Under 24 Hours nths Days Hours Min.
10 rorl	USUAL OCCUPATION (Givekind of a done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	Deales Island	ereign country)	12. CITIZEN OF WHAT COUNTRY
13	Wesley Bella	of PACKING	Sacak H	AME	
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 6. no or unknown) (If yos, give war nr dates nf service)	16. SOCIAL SECURITY NO.	Dearge Handy	11- 11	son St.
	18. 443×	CAUSE	OF DEATH	OPV	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diser injury or complication which caused dear	g., (A) LEREBE	RAL VASCULAR	ACCIDENT	HAS.
ICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	NG	BRAL ARTERIOS TENSIVE CARDION		ISEASE
CERTIF	OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE OEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	EO			
7		R FINDINGS OF OPER	ATION		20. AUTOPSY?
EDIC/	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	ACE OF INJURY (e. g., i., farm, factory, street, nffice bldg.,	n or 21c, WHERE DID (1etc.) INJURY OCCUR?	If in Baltimore City, 1	YES NO Pagive exact location)
Σ	210. TIME (Month) (Day) (Year) (Hour) FINJURY	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
	22. I hereby certify that I attended th		3.9 red at 825 pm., from t		, that I last saw the
	Wanen A. Clohus	y & M.D. 2	Maryland Gene	ual Hosp.	3-9-5/
TIC	Burial 3-13-5	Deales Je	land De	ales Velan	d mer (State)
L	MAR 121951 REGISTRAR'S SIGNAT	Drawin, Million C	25. FUNERAL DIRECTOR	ilson 1000	Brantly and
			5,	1	

VS 150

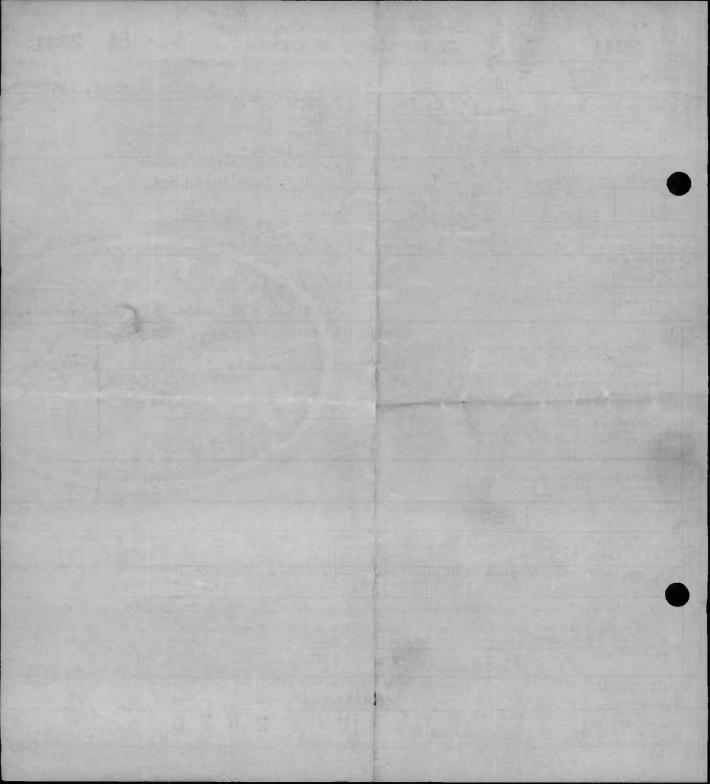
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13)

Breit Schulden LANGE CHELLING William Charle Strawarth Densin July at mile ARC Medical Consider A 30 Olderson Total EGERAL VASCULAR HOLLDEN IT TAKE COESTA MARKETON CONTRACTOR MY EFTENDIVE CHARDOVING CONF. POREFISE Wanterd Linear Lover - 17-10 Britain & White

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. CERTIFICATE OF DEATH	istered 40.
1. NAME OF DECEASED 2. DATE	
(Type or Print) CHARLES PIGFORD OF DEATH	March 8, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto, Cety B. CO B. C	
B. FULL NAME OF If not in hospital or institution, give street address or Maryland	Derore admission)
LIOCENTAL OF	orate limits, write RURA, and give
Johns Hopkins Hospital Baltimore	5 (township)
Yrs. D. STREET ADDRESS (If rural, give lo	cation)
angth of stay in Baltimore Jeffe Days 620 N. Caroline Street	et
6. COLOR OR RACE 7. SINGLE, MARRIED. B. DATE OF BIRTH 9. AGE (II	
male colored Sengle Jane 10-1724 26	inday) atomics Days House Mill.
10A. USUAL OCCUPATION (Give kind of loss KIND OF BUSINESS OR III. BIRTHPRAGE (State or foreign country work doze during most of working life, even if retired)	, , , , , , , , , , , , , , , , , , , ,
Labour Ou Deneul Ballimon	WHAT COUNTRY?
3. FATHER'S NAME 14 MOTHER'S MAIDEN NAME	1)
Mc Kenon (swerda)	horson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL. (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. NFORMANT	, ADDRES I AI
(16 yes, give war or dates of service) SECURITY NO. alverday which is	too ashoned If
18. 00 2 X . CAUSE OF DEATH	la, L'ASERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Pulmonary tuberculosis	2 130000
heart failure, asthenia, etc. It means the disease,	
	San Land Barrier
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOFSY?
	YES NO X
	ore City, give exact location)
UNDERLYING OR CONTRIB. about home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR?	. W
2 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
DF INJURY NOT WHILE AT WORK AT WORK	
22. I certify that I took charge of the remains described above, held an Inquiry & Inspe	oction the same of form
Autopsy, Inspection of	Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased did and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homical	d on the day stated above,
23a. SIGNATURE 23B. CHIEF MEDICAL EXAMINER	
ASSISTANT MEDICAL EXAMINER. M.D. MEDICAL INVESTIGATOR	
24A. BURIAL, CREMA 24B. DATE 124C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (
Bursh 3/2/51 m alvery em. Bron	Then me
DATE RECEIVED BY REGISTRAR'S SIGNATURE 125 AUNERAL DIRECTOR (F)	ADDRESS IA
MAR 1 21251 tusta stor Williams Mis Williams & Williams	1000 Brantly
V S 151	Tul
970 99	1331
	10010



3. PLACE OF DEATH:	BALTIMORE CITY HE CERTIFICATI THA BOWEN WARSOMA	E OF DEATH Registere	51 23 red No
a. Baltimore City, Maryland B. FULL NAME OF (If not in hospite thospital or INSTITUTION) 258 Robert		c. CITY OR TOWN (If outside corporat) is Ba; timore	imits, write BUNKA Far
Ength of stay in Baltimore 5. SEX 6. COLOR OR RACE Cemale Colored	68 yrs. Mos. Days 7. SINGLE MARRIED. WIDOWED, DIVORCED (Specify) Bivirced	D. STREET ADDRESS (If rural, give location 258 Robert Street 8. DATE OF BIRTH Dec. 14. 1882 68	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME George T. Bowen	Public schools	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUL
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMS TEdna Newton 258 Robert Street	ADDRESS
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complete the complete that the complet	DIRECTLY TH of dying, e. g., ns the disease, caused death.) DUE TO	O- CAYLINOM U-	INTERVAL BE
DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING CONDITION LA UNDERLYING CONDITION LA UNDERLYING CONDITION LA	STATING THE DUE TO ST		

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT, SUICIDE,

ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

TRIBUTING TO THE DEATH, BUT NOT RELATED

(Specify)

INJURY WHILE AT NOT WHILE

AT WORK

22 (Lhereby certify that I attended the decrased from deceased alive on_

24A. BURIAL. CREMA-TION. REMOVAL (Specify) Burial 24c. NAME OF CEMETERY ST CREMATORY

Auburn

23B. ADDRESS

21F, HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

, 194, that I last saw the and the depth occurred at 130 Am., from the causes and on the date stated above.

23c. DATE SIGNED 3-12-5

(If in Baltimore City, give exact location)

VS 150

DATE RECEIVED BY

HOMICIDE

23A. SIGNATURE

CE

MEDICAL

20, AUTOPSY?

A DEMESTICAL PROPERTY. THE PERSON NAMED IN COLUMN TO A STATE OF STREET CX DETRICAL . TO SERVE THE ----, and the second - - E Service Color Color Market Harrist Control of the State of

BALTIMORE CITY HEALTH DEPARTMENT

CEPTIFICATE OF DEATH

Registered No. 2243

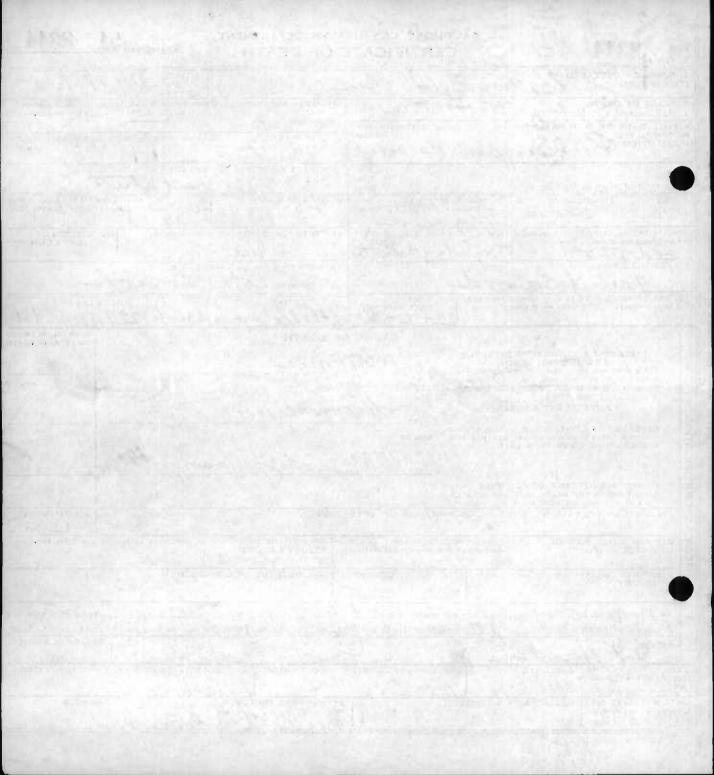
BIR	RTH NO.	ATE OF DEATH
(Ty	NAME OF DECEASED I hank line, Me	DEATH
A. I	Baltimore City, Maryland Frankli J. Haype	USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission
HOS	SPITAL OR FOUND location of the location of th	
	Yr	rs. D. STREET ADDRESS (If rural, give location)
-		
5. 5	Ferrel 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spec	8. DATE OF BIRTH 3 -2 2 -/910 9. AGE (In years lit Under I Year Min Months Days Hours Min
10A work d	USUAL OCCUPATION (Give kind of lone during most of working life, even if regired) INDUST	
13.	farmes, Whalen	14. MOTHER'S MAIDEN NAME hump by
15. (Yes,	WAS DECEASED EVER IN U, S. ARMED FORCES? no or nnknown) (If yes, give war or dates of service) No N E	Mainformant Shanklin Appress 302 S. Macon Street
		SE OF DEATH
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEA"
	(This does not mean the mode of dying, e.g., (A)	elevandy en bolism.
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	lean be at the 1.
	ANTECEDENT CAUSES	livere vein.
Z	(B)	
Ĕ	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	at at souce alustrates
CA	UNDERLYING CONDITION LAST.	Merculons to lung,
<u>L</u>	(c)	
ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
0 _	TO THE DISEASE OR CONDITION CAUSING IT.	PERATION 20. AUTOPSY?
		exculosis to lung, yes No [
	21A. ACCIDENT, SUICIDE. 21B. PLACE OF NJURY (e. about home, farm, factory, atreet, office bleep	g., in or 21c. WHERE DID (If in Baltimore City, give exact location)
5 -	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU	IRRED 21F. HOW DID INJURY OCCUR?
	The state of the s	
	22. I hereby certify that I attended the deceased from	F. A. , 1957, tolo, hoved, 195, that I last saw t.
	deceased alive on 3-10, 1917, and that death oc	
	23A. SIGNATURE L	238. ADDRESS A 1. 23c. DATE SIGNE
	I will your M.O.	Frankli 19. Hospital J-10-07
TLON	N REMOVAL (Specity)	ETERY OR CREMATORY 24D/LOCATION (City, town, or county) IState
		edral Cemetery Baltimore, Md.
	TE RECEIVED BY REGISTRAR'S SIGNATURE	RENAY SANDER & SONS, INC ADDRESS
MA		BALBO. 3 MD. Sende Jande
	VS 150	130

LOGWOOD

BALTIMORE CITY HEALTH DEPARTMENT

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ristered	No-	Las	, ,	44	4

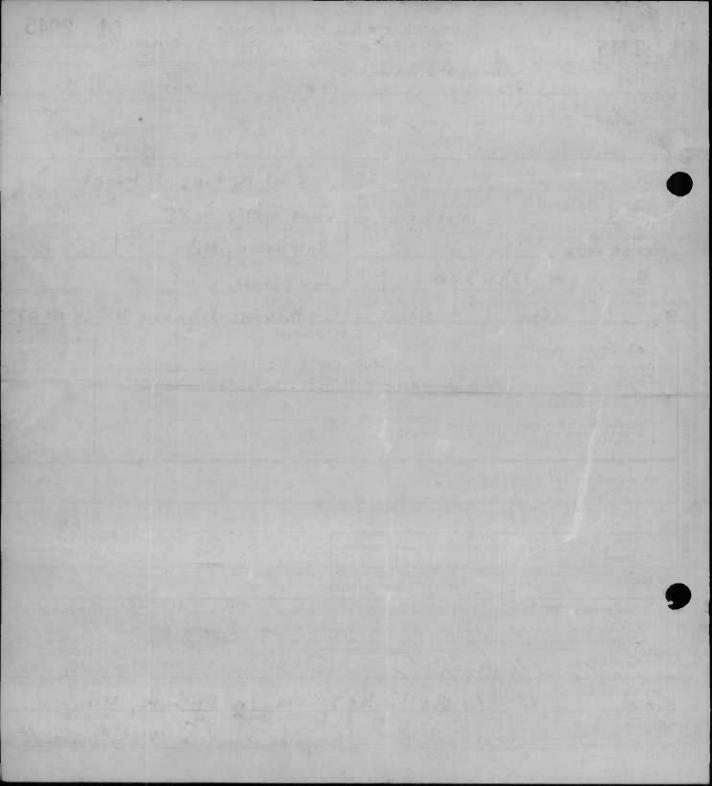
B	RTH NO.			OLIVIN 10/VI	L OI DEATH		
1.	NAME OF E	DECEASED LOQU	iood	Wieei.	e	OF 3. 11.	1957.
3. A.	Baltimore	City, Maryland		imore	4. USUAL RESIDENCE ()	Where deceased lived. If i	nstitution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	7		Hospites		outside corpor/te/Units	, Tite (UDAI, and give township)
		stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location	t
5.	SEX ML.	6. COLOR OR RACE			8. DATE OF BIRTH 5. 3. 1917	9. AGE (In years Mon	Under 1 Year H Under 24 Hours this Days Hours Min.
wor	done write most	CCUPATION (Give kind of of working life, even if retired)	Buile	of BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	but Low	und.		14. MOTHER'S MAIDEN N	Logwood	4
15 (Ye	. WAS DECEAS , no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	d frife) 227	n. Mount St.
Z	(This does	SE OR CONDITION LEADING TO DEA's not mean the mode of the complication which of the complication that the complication cause.	TH of dying, e.g. ns the disease aused death.	(A)	of DEATH / emia bhroscle 2011.		INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	OTHER S	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA II BIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	STATING THE ST. TIONS CON- NOT RELATED	DUE TO Mal	ign Hyperte	nsion 40/	25
AL (FINDINGS OF OPER			20. AUTOPSY?
IEDIC	21A. ACCIDE HOMICIDE	ENT, SUICIDE. (Specify)		CE OF INJURY (e. g., i rm,factory,atreet,office bldg.,		If in Baltimore City, gi	
M	21D. TIME OF INJURY	(Month) (Day) (Year)	wı	TE. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK		y occur?	
		y certify that I att live on 3.		nd that death occur		the causes and on the	
TIC	N. REMOVAL	CREMA- 24B. DATE Specify) 3/1/1	2	AC. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (Cyly, town,	or county) (State)
D	AR FEZI	D BY REGISTRAR	S SIGNATUR	9 5 1	25. FUNERAL DIRECTOR	v 1-802 ma	d. and
	VS 150	i hamadely and	} + 	9702	4		1310



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2345

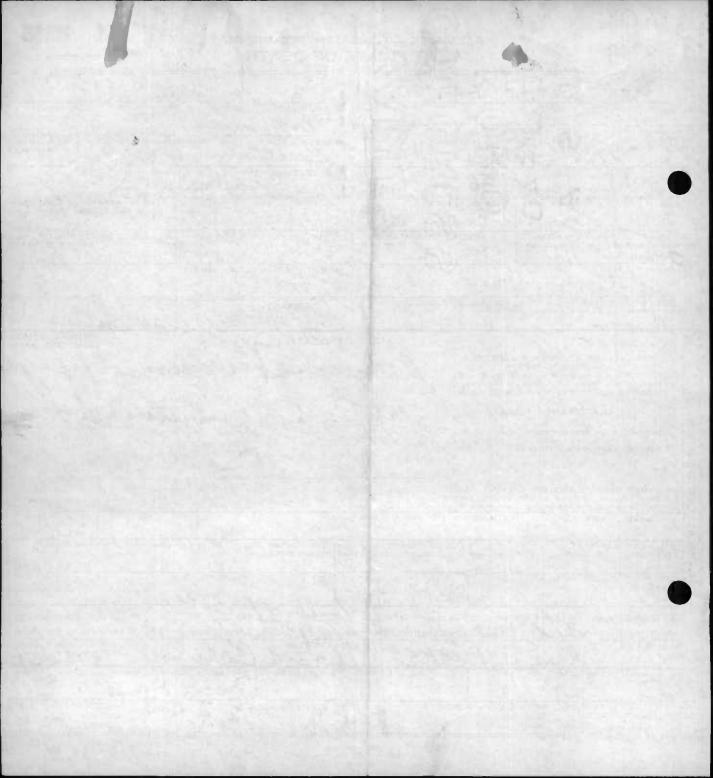
12	RTH NO.	5		CERTIFICATE	E OF DEATH	Register	ed No.
	NAME OF DI	ECEASED)	Dunet	te Sanders		2. DATE	
l')	ype or Print)		annette		Saunders	OF	rch 7, 1951
	PLACE OF D	EATH:	211110000		4. USUAL RESIDENCE	E (Where deceased live	ed. If institution : residence
	FULL NAME	ity, Maryland	or institution	on, give street address or	A. STATE Marvlan	B. COUNT	Y before admission)
H	SPITAL OR			location)	c. CITY OR TOWN		limits, write WRAL and give
		iversity Hosp	it.el		Baltimor	e 4	township)
		THE STATE OF THE S		Yrs.	D. STREET ADDRESS		n)
	ength of st	tay in Baltimore		Mos. Days	2 07 N.	PINE St	rreet
	SEX Formala	6. COLOR OR RACE	7. SINGLE.	MARRIED. ED, DIVORGED (Specify)	8. DATE OF BIRTH	9. AGE (in year	rs Hoder Year H Under 24 Heurs Months Days Hours Min.
	Female			rried	JUNE 3, 1913	38	Inonths Days Hours min.
1 C	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)		OF BUSINESS OR	11. 8IRTHPLACE (State	or foreign country)	12. CITIZEN OF
	House	4		MOOSIKI	BAHinnore	Md.	U.S. A
13	FATHER'S N	IAME			14. MOTHER'S MAIDE	NAME	
	Ge	orge Joh	in 80	M	Lucinda	7	
15 (Va	. WAS DECEASE	D EVER IN U. S. ARMED (If you, give war or dates	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(10	No	None	or sorvico)	SECURITY NO.	C Atherine	Johnson	408 PINEST
	18.	7 7 V			OF DEATH	V 0 -1 14 0 0 0 1	INTERVAL PETWEEN
	- /	SE OR CONDITION D	UDECT! V	CAUSE	DE DEATH		ONSET AND DEATH
		LEADING TO DEATH	Н	Acuto	noritonitia de	20 +0 2000	3
	heart failu	not mean the mode of re, asthenia, etc. It mean	s the disease,	(A)	peritonitis du	ie co ruptura	<u> </u>
	injury or	complication which ca	used death.)	DUE TO CLIVE	erticulum of de	escending col	on
		ANTECEDENT CAUSE	s				
Z	DISEASES	OR CONDITIONS, IF	ANY, GIVING	(B)	***************************************	•••••••••••••••	***************************************
12	RISE TO T	HE ABOVE CAUSE (A) S	STATING THE	DUE TO			
A				(C)	* ************************************	***************************************	***************************************
RTIFICATION		11	THE REAL PROPERTY.				
RTI		IGNIFICANT CONDIT TO THE DEATH, BUT N					
CEI		SEASE OR CONDITION					
	19A. DATE O	F OPERATION 19	B. MAJOR	FINDINGS OF OPERA	ATION		20. AUTOPSY?
AL	214 EVTERN	IAL CALLEE WAS	2 In PLAC	E OF INJURY (e.g., in	or 21c. WHERE DID	(If in Baltimore C	ity, give exact location)
EDICA	UNDERLYING	IAL CAUSE WAS G OR CONTRIB- AUSE OF DEATH.		m, factory, street, office bldg., et		(az m Danmore O	of, Bive chaot location,
Σ	210. TIME (Month) (Day) (Year) (Hour) 2	IE. INJURY OCCURRE	D 21F. HOW DID INJ	URY OCCUR?	
				WORK NOT WHILE			
	22. I certif	y that I took charg	e of the r	emains described a	bove, held anAu	topsy (Partia	al) thereon and from
					Autor	osy, Inspection or Inque	uiry n the day stated above,
	and deg	th in my opinion r	esulted fr	om: natural causes	A, accident □, suic	ide \square , homicide \square	\Box , undetermined \Box .
	23A. SIGNAT		1//0	\ 7	23B, CHIEF MEDIC	AL EXAMINER	
	1//	lean 111	MITT		D. MEDICAL INVESTI		March 7, 1951
	A. BURTAL, C		2.	,0	Y OR CREMATORY 24	D. LOCATION (City, t	own, or county) (State)
	BuriAl	3-13-	51	BAlto. NA	T. Cem.	BAIHIMORE	, Md.
DI	TE RECEIVED	BY REGISTRAR'S	SIGNATUR	E	25. FUNERAL DIRECT	OR .	ADDRESS
	CALIFEGIST	195 the to	5 Milli	whe wise 5	Range Van	uden 1412	E. Preston St
v	S 151	8	111175		mynu ga	willo !!	



1340	
51 2346 BIRTH NO.	4
1. NAME OF DECEASED (Type or Print)	ATHA

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

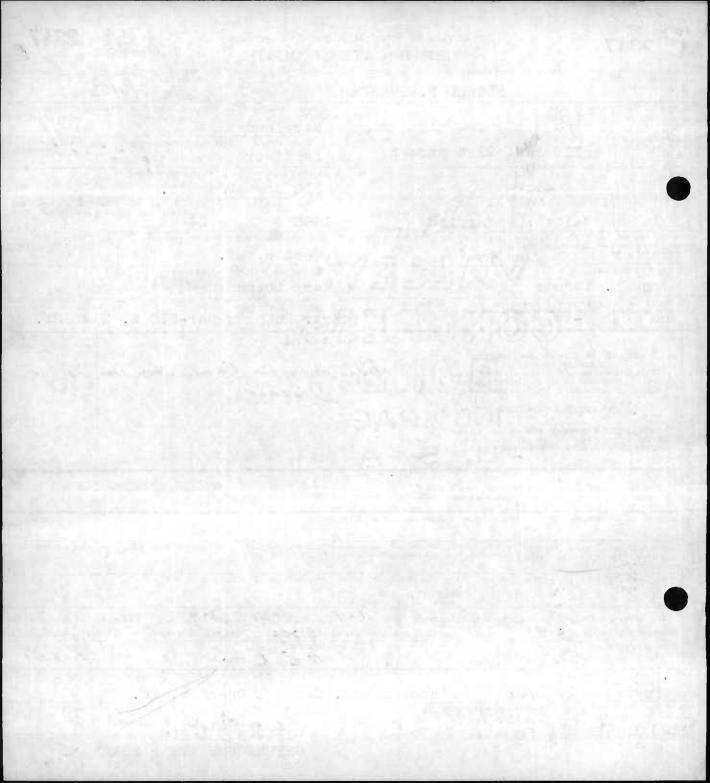
Registered No. 2. DATE BATTLE DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY hefore admission) (If not in hospital or institution, give street address or B. FULL NAME OF location' HOSPITAL OR (If outside corporate limits, we ite HURAL and give INSTITUTION township) Yrs. ADDRESS A(If, rural, give location) Mos. ngth of stay in Baltimore Days SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE AGE (in years | M Under | Year last birthday) | Months | Days It Under 24 Bours 18 76 reduced 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE/State or foreign country) 12. CITIZEN OF 108, KIND OF BUSINESS OR work done during most of working life even if retired) INDUSTR tauseville 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL ADDRESS. (Yes, no or whknown) (If yee, give war or dates of service) SECURITY NO. NTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION YES NO 21A. ACCIDENT, SUICIDE, 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE AT WORK WORK 22. I hereby certify that Lattended the deceased from. that I last saw the and that death occurred at from the causes and on the date stated above. deceased alive one 23A. SIGNATURE 238. ADD 23c. DATE SIGNED BURIAL, CREMA-24c. NAME OF CEMETER TION, REMOVAL (Specify ADDRESS INERAL DIRE DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR.



51 2347		E OF DEATH Registered No	
BIRTH NO.	CENTITIOAT	E OF BEATH	
1. NAME OF DECEASED (Type or Print)	EDWARD P. TURNER	2. DATE OF 0F 0F DEATH 3/9/	51
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY	stitution : residence before admission)
HOSPITAL OR	al or institution, give street address or location) t 21st Street		write RURAL and give township
ngth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 310 East 21st St.	
Male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		nder I Year I Under 24 Hours ths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY
John H. Turner	WALLEY BA	14. MOTHER'S MAIDEN NAME Mary Lowman	
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or nnknown) (If yes, give war or date)	FORCES? 16. SOCIAL SECURITY NO.	Mrs. Ruth Turner-310 E.	PRESS 21st St.
ZO DISEASES OR CONDITIONS. IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA OTHER SIGNIFICANT CONDITIONS TO THE OISEASE OR CONDITION LA OTHER SIGNIFICANT CONDITIONS TO THE OISEASE OR CONDITION LA OTHER SIGNIFICANT CONDITION TO THE OISEASE OR CONDITION TO THE OISEASE OR CONDITION LA	f dying, e.g., (A)	Disease	· / /-
	NOT RELATED CAUSING IT.		
194. DATE OF OPERATION	9B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., i about home, farm, factory, atreet, office bidg.,	in or 21c. WHERE DID (If in Baltimore City, gives.) INJURY OCCUR?	YES NO Leve exact location)
2 ID. TIME (Month) (Day) (Year)	m. WHILE AT NOT WHILE AT WORK		
	, 195/ and that death occur	rred at 2:20 m., from the causes and on the causes and on the	
24A. BURIAL CREMA- 24B. DATE TION. REMOVAL (Specify) Burial 3/12/5 DATE RECEIVED BY REGISTRAR LOCAL REGISTRAR	24c. NAME OF CEMETE	m. Cem Odenton, Md.	r county) (State)

7408F

GREENMOUNT AVE & 22ND

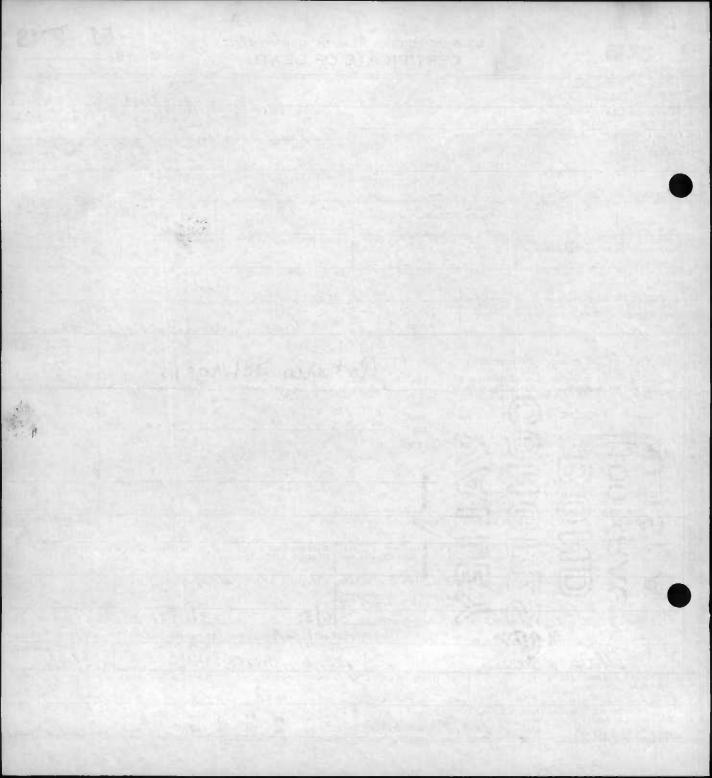


Menchey BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2348

Registered No.

1.	NAME OF DECEASED ype or Print)	menches		OF DEATH Marc	W11. 1951
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived. If ins B. COUNTY	titution : residence before admission)
B. H		titution, give street address or location)		outside corporate imits, v	rite RURA, and give township)
10	2024/10. 1021	Yrs.	D. STREET ADDRESS (If	rural, give location)	
	ength of stay in Baltimore	Mos.	2324 E	month one	
5.	SEX 6. COLOR OF RACE 7. SIN	GLE, MARRIED.	B. DATE OF BIRTH	9. AGE (In years If Und	er I Year If Under 24 Homs
7	comple white	DOWED, DIVORCED (Specify)	Jan 8, 1871	last birthday) Month	bs Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of 10B. K	IND OF BUSINESS OR	11. BIRTHPLACE (State or fo	preign country) 12	CITIZEN OF
wor]	Hacesework (C)	INDUSTRY	Dus I		WHAT COUNTRY?
13	FATHER'S NAME	2010 1100	14. MOTHER'S MAIDEN N.	AME On	,
	Henry m ny	11	anna 1	m. Shies	6
15	. WAS DECEASED EXER IN U. S. ARMED FORCE	S? 16. SOCIAL	17. INFORMANT	ADD	RESS /
(10	s, no or unknown) (If yes, give war or dates of service	SECURITY NO.	mrs Oms. Kou	1 1201/F	not Balt
	18. 14-0 0	CAUSE	OF DEATH	<u> </u>	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECT				ONSET AND OEATH
	LEADING TO DEATH (This does not mean the mode of dying	- W	rterio Scle	W813	3
	heart failure, asthenia, etc. It means the d injury, or complication which caused	isease,			
		reatm.) Doz. 10			
	ANTECEDENT CAUSES				
		4.00			
0	DISEASES OR CONDITIONS, IF ANY,		***************************************	***************************************	,
ATION	DISEASES OR CONDITIONS, IF ANY, (RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.	SIVING			
U	RISE TO THE ABOVE CAUSE (A) STATIN	GIVING			
FIC	RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.	GIVING DUE TO			
ERTIFIC	RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE	(C)			
CERTIFIC.	RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE OISEASE OF CONDITION CAUSI	(C)			20. AUTOPSY?
CERTIFIC.	RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE OISEASE OF CONDITION CAUSI	(C)			20. AUTOPSY?
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CERTIFIC.	RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSI 19A. DATE OF OPERATION 19B. MA. 21A. ACCIDENT. SUICIDE. 21B. HOMICIDE (Specify) 21B. about h	CON- CON- CON- CON- CON- CON- CON- CON-	RATION in or 21c, WHERE DID () otc.) INJURY OCCUR?		YES NO
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EDICAL CERTIFIC	RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE OISEASE OR CONDITION CAUSII 19A. DATE OF OPERATION 19B. MA. 21A. ACCIDENT, SUICIDE, About h 21D. TIME (Month) (Day) (Year) (Hour) INJURY 22. I hereby certify that I attended	CON- CON- CON- CON- CON- CON- CON- CON-	RATION in or 21c, WHERE DID (1 injury occur? 21f. HOW DID INjury 3	3/1/5/, 19_,	ves No No No cancel location)
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MEDICAL CERTIFIC	RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE OISEASE OR CONDITION CAUSI 19A. DATE OF OPERATION 19B. MA. 21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. about h 21D. TIME (Month) (Day) (Year) (Hour) FINJURY 7 22. I hereby certify that I attended deceased alive on 3651, 19 23A. SIGNATURE 34B. DATE	CON- CON- CON- CLATED NG IT. JOR FINDINGS OF OPE PLACE OF INJURY (e. g., come, farm, factory, street, office bidg. 21E. INJURY OCCURF WHILE AT NOT WHILE M. WORK the deceased from and that death occu	RATION in or 21c, WHERE DID (1) in JURY OCCUR? 3 6 51 , 19 , to	occur? 3/11/51, 19, the eauses and on the	that I last saw the date stated above.
MEDICAL CERTIFIC	RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE OISEASE OR CONDITION CAUSII 19A. DATE OF OPERATION 19B. MA. 21A. ACCIDENT, SUICIDE, About h 21D. TIME (Month) (Day) (Year) (Hour) FINJURY 22. I hereby certify that I attended deceased alive on 3651, 19 23A. SIGNATURE	CON- CON- CON- CON- CON- CON- CON- CON-	RATION in or 21c, WHERE DID (1) in JURY OCCUR? 3 6 51 , 19 , to	3/U/SI, 19_, 19 he eauses and on the	that I last saw the date stated above.
MEDICAL CERTIFIC	RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE OISEASE OR CONDITION CAUSII 19A. DATE OF OPERATION 19B. MA. 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. About h 21D. TIME (Month) (Day) (Year) (Hour) FINJURY 22. I hereby certify that I attended deceased alive on 3651, 19 23A. SIGNATURE 4A. BURIAL, CREMA- ON, REMOVAL (Specify) ATE RECEIVED BY REGISTRAR'S SIGNATURE	CON- CON- CON- CON- CON- CON- CON- CON-	RATION in or 21c, WHERE DID (1) in JURY OCCUR? 3 6 51 , 19 , to	he eauses and on the OCATION (City, town, or	that I last saw the date stated above.
MEDICAL CERTIFIC	RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE OISEASE OR CONDITION CAUSII 19A. DATE OF OPERATION 19B. MA. 21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. About h 21D. TIME (Month) (Day) (Year) (Hour) FINJURY 22. I hereby certify that I attended deceased alive on 3651, 19 23A. SIGNATURE 4A. BURIAL. CREMA- ON, REMOVAL (Specify) 3 - 14 - 5	CON- CON- CON- CON- CON- CON- CON- CON-	RATION in or 21c. WHERE DID (1) etc.) INJURY OCCUR? 21f. HOW DID INJURY 3651, 19, to rred at 1:30 Am., from to 238: ADDRESS SOI G. Milton Centeled A	he eauses and on the OCATION (City, town, or	that I last saw the date stated above. 23C. DATE SIGNED 3/12/5/ COUNTY) (State)
MEDICAL CERTIFIC	RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE OISEASE OR CONDITION CAUSII 19A. DATE OF OPERATION 19B. MA. 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. About h 21D. TIME (Month) (Day) (Year) (Hour) FINJURY 22. I hereby certify that I attended deceased alive on 3651, 19 23A. SIGNATURE 4A. BURIAL, CREMA- ON, REMOVAL (Specify) ATE RECEIVED BY REGISTRAR'S SIGNATURE	CON- CON- CON- CON- CON- CON- CON- CON-	RATION in or 21c. WHERE DID (1) etc.) INJURY OCCUR? 21f. HOW DID INJURY 3651, 19, to rred at 1:30 Am., from to 238: ADDRESS SOI G. Milton Centeled A	he eauses and on the OCATION (City, town, or	that I last saw the date stated above. 23C. DATE SIGNED 3/12/5/ COUNTY) (State)



63 51 2249	TO BE APPROVED 51 2249
BALTIMORE CITY HE	The state of the s
BIRTH NO. CERTIFICATI	E OF DEATH
(Type or Print) ROSE LIBERTINI	2. DATE OF 3-9-51
a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) MEMORIAL OR INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
HIGHTON Union Memorial	BALT. 27-06 township)
Yrs. Mos. Deve	D. STREET ADDRESS (If rural, give location) 2721 BEECHLAND AVE.
5. SEX 6. COLOR OR RACE 7. SINGLE (MARRIED)	8. DATE OF BIRTH 9 AGE (In years) If linder 1 Year If linder 24 Hours
J. WIDOWED, DIVORCED (Specify)	Nov. 2, 1886 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOSEPH LIBERTINI	DOROTHY RESTIVO
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No. 218-09-467.	17. INFORMANT ADDRESS
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	CERTIFICATION APPROVED BY When works M.D. CHIEF OR ASST. MEDICAL EXAMINER.
TO THE DISEASE OR CONDITION CAUSING IT.	
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldge LYING OR CONTRIBUTING About home, farm, factory, street, office bldge LYING OR CONTRIBUTING About home, farm, factory, street, office bldge LYING OR CONTRIBUTING About home, farm, factory, street, office bldge LYING OR CONTRIBUTING About home, farm, factory, street, office bldge	n or 21c. WHERE DID (If in Baltimore City, give exact location) 1NJURY OCCUR? 2721 Beckland aue.
Finjury larch 9, 1951 A-m. WHILE AT WORK AT WORK	- I - Ein
22. I hereby certify that I attended the deceased from 3 deceased alive on 3-9-1951, and that death occur	-9-, 1951, to 3-9-, 1951, that I last saw the cred at 930 pm., from the causes and on the date stated above. 38. ADDRESS Messer 3-9-51
24a. BURIAL. CREMA- TION, REMOVAL (Specify) Burial March 13 1951 Holy Redeemer	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	4430 Belair Rd. Balt .Md.
MAP 1 22000 water of Williams, Mary	Gravell Della loce 322 S. High St.
N-948:2	181
/ 4 - /	

CLES RLT. Timey 37 4 30 813 Starp. Burns - Pole " mayer - 13 "

All the California States louncied Dometin A CONTRACTOR OF THE PROPERTY O 8 id 3113/51 Evergreen 13 C., m. Je 1. from Je 1. from Je 1.

BALTIMORE CITY HEALTH DEPARTMENT

51 2351 Registered No

В	RTH NO.			CERTIFICATI	E OF DEATH	Registered	No-	
-	NAME OF D	ECEASED				2. DATE		
	ype or Print)		/	ampson		DEATH MA	va L. 11.	15.01
3.	PLACE OF D	EATH:	X Y 1. U	anpson	4. USUAL RESIDEN	CE (Where deceased lived, I		
		City, Maryland		<u> </u>	A. STATE	B. COUNTY	O befo	ore admission)
	FULL NAME	OF (If not in hospits	al or institution	on, give street address or location)	Md	26	0 1	
	STITUTION				c. CITY OR TOWN	(If outside corporate lim	its, write RU	township)
	0	5605 GY4	eenhi	1. Ave		Balto. C.T.		
				Yrs. Mos.	o. STREET ADDRESS	(If rural, give location)		
6	ength of s	tay in Baltimore		30, YrDays	5605 Grad	LNhill. Ave		
5	SEX	6. COLOR OR RACE	7. SINGLE.	MARRIED, D, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year) last birthday) M	H Under 1 Year	Il Under 24 Hours
	u	\//		- YY i < d	Get. 10. 1963		lomins, Days	Hodrs Will.
		CUPATION (Give kind of	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZ	
WOL	P 1	of working life, even if retired)	0 1	INDUSTRY	1		WHAT	T COUNTRY?
1:	FATHER'S		600		14. MOTHER'S MAID	EN NAME	1 as	A
	D	101115	2660	Ti CoNTR.	14. MOTHER 5 MAID	EN NAME		
_	Kiel		PSON		Knigh			
		ED EVER IN U. S. ARMET		16. SOC!AL SECURITY NO.	17. INFORMANT		ADDRESS	
,	NO		1	213-03-6480	Mrs. Carl 9.	Sim DSONIEGOS	Grandi:	11.4 V.2
	/	,			OF DEATH			VAL BETWEEN
	72	0,1		CAUSE	OF BEATH		ONSET	ANO OEATH
		SE OR CONDITION LEADING TO DEA	TH	an	Carana	y & celus	2	hal !
		s not mean the mode oure, asthenia, etc. It mes				y a cours.		
		complication which						
		ANTECEDENT CAUS	SES		. 6) -		
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TION		S OR CONDITIONS, I			0			
CAJ		YING CONDITION LA			A			
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Ē		11		(C)	• • • • • • • • • • • • • • • • • • • •			
ERTIF		SIGNIFICANT CONDI						
Ü	TO THE	DISEASE OR CONDITION	CAUSING IT					
_1	19A. DATE O	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. 4	AUTOPSY?
CA						7.4.1. 73.1.1.	YES (по
EDI	HOMICIDE	ENT, SUICIDE, (Specify)		CE OF INJURY (e. g., i rm, factory, street, office bldg.,			give exact	location)
Σ	210. TIME	(Month) (Day) (Year)	(Hour) 2	TE, INJURY OCCURR	ED 21F. HOW DID II	NJURY OCCUR?		
	F INJURY		w	HILE AT NOT WHILE				
L			m.	WORK AT WORK		, ,	- 61	
10	22. I herel	y certify that I att	ended the	leceased from_	193/,	to march 11, 195	_, that I l	last saw the
В	deceased a	live on 3/9	_, 19. 57 , a	and that death occur	red at 6 2 m., fr	rom the causes and on	the date st	ated above.
	23A. SIGNA	TURE		2	3B. ADDRESS	0 - 00	23c. DA	TE SIGNED
	1	5 Idardu	29	м. о.	3805 B		1711	4/3/
2	AA. BURIAL.	Specify 1	2	4c. NAME OF CEMETE	RY OR CREMATORY 2	4d. LOCATION (City, tow	n, or county)	(State)
11	Burio	2/0 1/-	1	Zion. Luth	. Cen		Ballo	nd
D	ATE RECEIVE		S SIGNATUI	程/ds	25. FUNERAL DIREC	TOR	ADDRES	
-	THE REGIST	4	拉达	My Chiaster, Mars	10 0 00	3 6 6 20 74	13.0-	a.l
=		TOOL TAMA	7		Lass amen	ment 1 house 1401	PHAM	ca.
	VS 150	8.1	27	5.75 -	21/		911	0
1				0.100	4		140	1

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) marylan B. FULL NAME OF (If not in hospital or institution, give street address or ZORRE HOPKINS HOSPITAL HOSPITAL OR location) C. CITY OR TO AND (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Davs 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years If Binder 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) SINGLE 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12-CYTIZEN OF work done during most of working life, even if retired) INDUSTRY work 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. NTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 3/7/51 YES 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) DF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE ATT NOT WHILE WORK 191951, to 1951, that I last saw the 22. I hereby certify that I attended the deceased from_ Am., from the causes and on the date stated above. 195/ . and that death occurred atdeceased alive on. 23B, ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24. NAME OF CEMETERY OR CREMATORY 24A) BURIAL, CREMA-TION REMOVAL (Specify) 248 DATE town or county) (State) durial

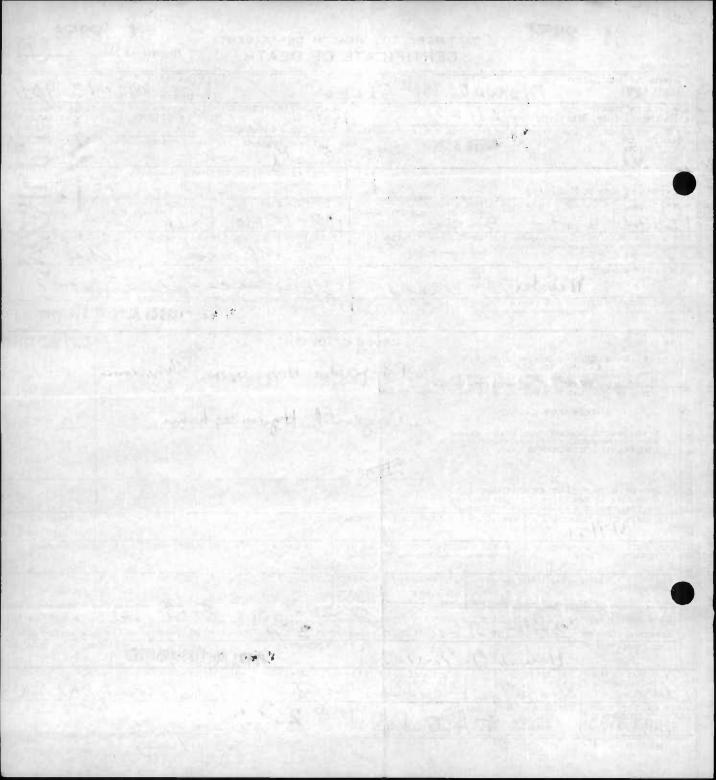
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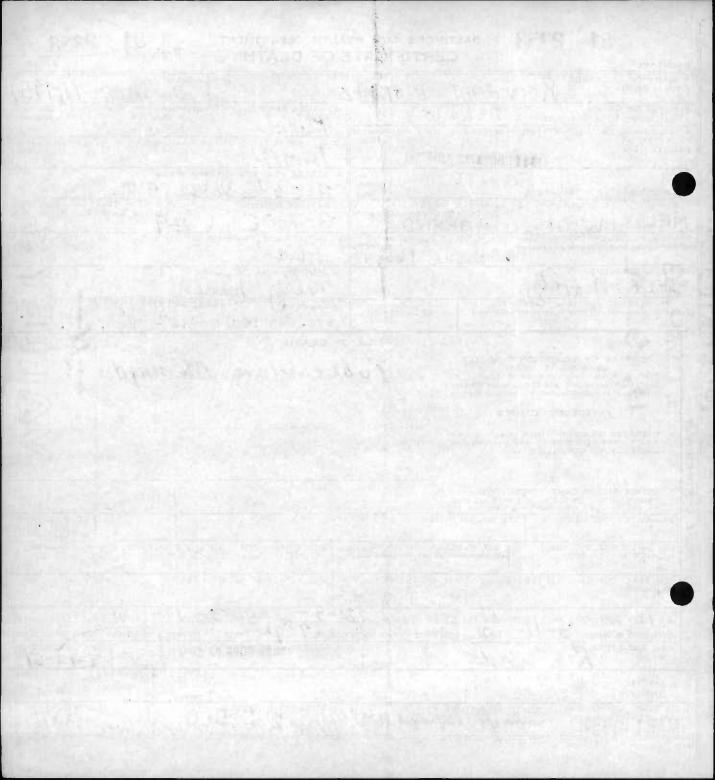
ADDRESS



51 2353 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51		2353	
Registered	No-	-41.	

В	IRTH NO.			
1.	NAME OF DECEASED REI	INHADT MORI	tz	OF DEATH Mar 11, 1951
	Baltimore City, Maryland	05416	4. USUAL RESIDENCE (V	Where deceased lived. If institution; residence B. COUNTY before admission)
В.	FULL NAME OF (If not in hosp	pital or institution, give street address	FLORIDA	b. dollar admission)
	OSPITAL OR ISTITUTION	location	c. CITY OR TOWN (If	outside corporate limits, write RURAL and give
Z	2 101	MS HOPKINS HOSPITAL	IAMPA	townshlp)
		Yr		rural, give location)
	Length of stay in Baltimore	Mo Da		KLE AVE.
5	SEX 6. COLOR OR RAC	E 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spec	8. DATE OF BIRTH	9. AGE (In years fi Under 1 Year If Under 24 Hours last birthday) Months: Days Hours Min.
1	MHLE WhITE	MARRIED	1 2-7-02	49 Hours Mill.
	A. USUAL OCCUPATION (Give kind k done during most of working life, even if retire		11. BIRTHPLACE (State or fo	
	a done do the most of a draing me, even if retire	Wholesple Days	"I-La	WHAT COUNTRY
13	FATHER'S NAME PROP		14. MOTHER'S MAIDEN, N.	AME
1	max mores		melles Ka	den
15	. WAS DECEASED EVER IN U. S. ARM		17. INFORMANT	HIS ROPKIES HUNES
(re	s, no or nnknown) (If yes, give war or da	ates of service) SECURITY NO	Mrs. Kathleen M	MIS RÖPKIRS MADDIESS 20062 Dekle Ave. Moritz - Tampa, Fla.
_	18. M/A Y	CALLE	E OF DEATH	INTERVAL BETWEEN
	0101	N DIDECTIV		ONSET AND DEATH
	DISEASE OR CONDITION LEADING TO DE	ATH	berculous	Ma sugato ?
	(This does not mean the mode heart failure, asthenia, etc. It m	of dying, e.g., (A)	1001005	
	injury or complication which			
	ANTECEDENT CAL	USES		
Z	DISEASES OF CONDITIONS			
Ĕ	DISEASES OR CONDITIONS,	A) STATING THE DUE TO		
CA	UNDERLYING CONDITION	LAST.		
Ĭ.	1	(C)		
RTI	OTHER SIGNIFICANT CON	DITIONS CON-		
CE	TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITION	JT NOT RELATED		
	19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OF	PERATION	20. AUTOPSY?
AL				YES NO
EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	218. PLACE OF INJURY (e. about home, farm, factory, street, office blo		If in Baltimore City, give exact location)
	Tiomicial (openly)	and a many success grant con, one con and	INSURT OCCURT	
Σ	21D. TIME (Month) (Day) (Yea	ar) (Hour) 21E. INJURY OCCU	RRED 21F. HOW DID INJUR	Y OCCUR?
	OF INJURY	WHILE AT NOT WH		
1	00 77	m. WORK L AT WOR	12-9- 1050	3-11-105/11
	22. I hereby certify that I a	1-1	72-9-1950 to 3	3-/1-, 195/, that I last saw the
	deceased alive on 2011	, 192/, and that death occ	Laza ADDRESamme	he causes and on the date stated above.
	R 5 12	10115	TOUR ROPKIN	S MONPYTE 3-12-SI
2	4A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEME	TERY OR CREMATORY 24b. L	OCATION (City, town, or county) (State)
TI	ON, REMOVAL (Specify)	4		
_			25, FUNERAL DIRECTOR.	Tampa, Fla
L	OCAL DECICEDAD	R'S SIGNATURE I	0 Wm. 2. 5 is	kner & Jus - Satto
	VS 150	7. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	11	Ma
		16.		, ,



51 2354 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH OF DEATH	arch 10.1051
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY	
B. FULL NAME OF (if not in hospital or institution, give street address or	mits, write RURAL and give
2464 Scentwood ave Dallo Yrs. D. STREET ADDRESS (If rural, give location)	00
Length of stay in Baltimore Life Mos. 2464 Brentwood	I and
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (in years	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of work done during most of worklog life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	0.00
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 INFORMANT	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uokoowo) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Walter Software 24641	Scentwooday
18. 260 X CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	2
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
Z ANTECEDENT CAUSES (8) Dibette mellitus	10 -00-
Z O DISEASES OR CONDITIONS, IF ANY, GIVING	103
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED	
U TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING DEATH 21B. PLACE OF INJURY (e. g., io or linguage) 21C. WHERE DID (If in Baltimore City in Baltimore	ty, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
F INJURY MHILE AT NOT WHILE MORK AT WORK	
	957, that I last saw the
deceased alive on 3/3/195%, and that death occurred at M.36 m., from the causes and or 23A. SIGNATURE 23B. ADDRESS	23c. DATE SIGNED
Mrano fredom . M.D. 1737 E. North Av.	
24a. BURIAL, CREMA- TION, REMOVAL (Specify) 3-/3-5/ 24c. NAME OF CEMETERY OF CREMATORY 24o. LOCATION (City, to	own, or county) (State)
DATE RECEIVED BY I REGISTRAR'S SIGNATURE	
10 MAR 13 135 1 Links for 14 line 14 Les 13-1 Class 1303 1	ADDRESS A

1737 G, northan.

51 2355 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

ВІ	RTH NO.			CERTIFICAT	E OF DEA	ATH	Registered	NO.
	NAME OF DE	ECEASED	Golo	lie Jack	cson.		OF MON	sh 9, 1951.
A.		ity, Maryland			4. USUAL RE	SIDENCE (W		f institution: residence before admission)
H	SPITAL OR STITUTION	OF (If not in hospit	al or institutio	on, give street address of location		1 .	0 03	its, write RURAL and give township)
		7110	evan	Yrs. Mos.	D. STREET AL	DRESS (If I	rural, give location)	
5.	ength of st	ay in Baltimore	7. SINGLE.	Days MARRIED.	8. DATE OF B	IRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours
6	Flemale	, ,	WIDOWE	ED, DIVORCED (Specify		-, 1907	Inst birthday) M	onths Days Hours Min.
		CUPATION (Give kind of working life, even if retired)	IOB. KIND	OF BUSINESS OR INDUSTRY		folk,	Vugina	WHAT COUNTRY?
13	FATHER'S N	L Jacks	w.		Man Mother's	MAIDEN NA	elle.	
15 (Ye	. WAS DECEASE , no or unknown)	D EVER IN U. S. ARMEI (If yee, give wer or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMAT	Jacks	m. 1039ch	ADDRESS Norfolk,
ERTIFICATION	(This does heart failur in jury or DISEASES RISE TO THUNDERLY	E OR CONDITION LEADING TO DEA' not mean the mode of the sathenia, etc. It means the complication which of the sathenia of the	TH of dying, e. g., ns the disease, eaused death.) EES F ANY, GIVING STATING THE STIONS CON-	(B)	ture lu	sire S Vascu ebral	leart Bis Lear acc	icent
U	TO THE DI	TO THE DEATH, BUT SEASE OR CONDITION F OPERATION	CAUSING IT		RATION			20. AUTOPSY?
EDICAL	21A. ACCIDI LYING OR CAUSE OF I	give exact location)						
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT							
	22. I hereby deceased al 23A. SIGNAT	ive on Mar. 1	1951. a		an - lot, 1 rred at 630, 23B. ADDRESS 83 H -	0 1/1		that I last saw the the date stated above. 23c. DATE SIGNED 3-12-5
1	N REMOVAL (S)	march 1		arbitus n	ERY OR CREMATO	P 30	altimous	ADDRES 3
L(MAR 1 3	1951	tieston	Milliams, H. W.	mas Lat	To Rui	ellisma	Schroeder &
	VS 150			7200	4	5 5 2		93)

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No....

51 2356

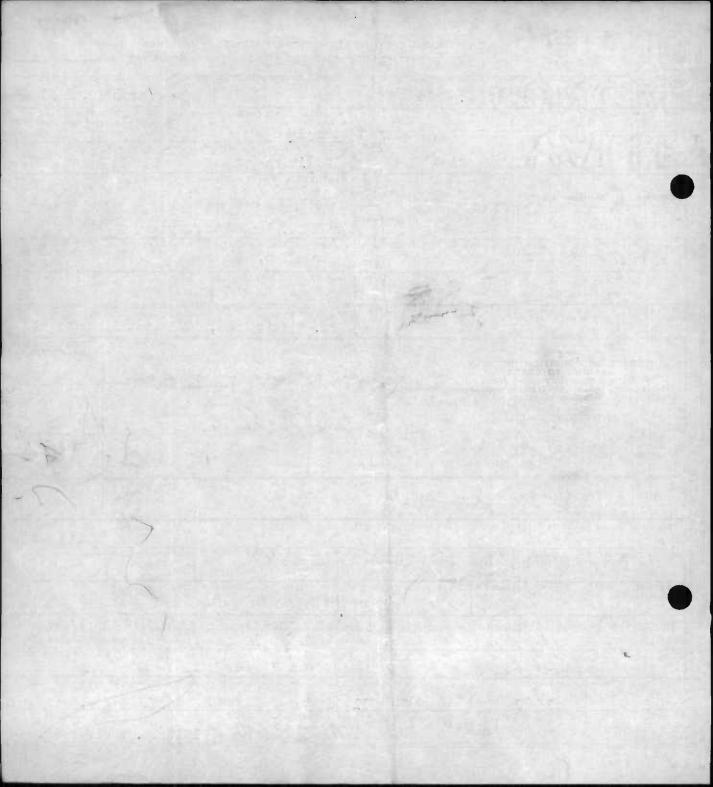
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) SISTER HONORIA RUD	ER 2. DATE OF MARCH 11 1951
S. PLACE OF DEATH: A. Baltimore City, Maryland YES	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE MARYLAND B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR locations)	
ST AGNES HOSPITAL	BALTIMORE 25-4) township
M. M	rs. D. STREET ADDRESS (If rural, give location) OS. 1000 CATON AVENUE
FEMALE WHITE RELIGIOUS	8. DATE OF BIRTH 9. AGE (In years M Binder Year M Binder 24 House
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY:
Religious 13. FATHER'S NAME	UTICA NEW YORK USA
FERDINAND	CATHERINE WEBER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	ST AGNES HOSPITAL - BALTIMORE MD
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	LETHSTHETO CHICINAL EFE BREAST TO LUNG -
. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF O	PERATION 20, AUTOPSY?
N N N N N N N N N N N N N N N N N N N	YES NO L
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, fectory, etreet, office bill cause of Death	
2 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU TINJURY WHILE AT NOT WE AT WORK	ALE T
22. I hereby certify that I attended the deceased from_	, 19 to , 19 , that I last saw the
deceased alive on 3 / // , 1951. and that death oc	curred at 8. 20 m., from the eauses and on the date stated above.
23A. SIGNATURE A. Ahase M.D.	23B. ADDRESS Agnor Hong Flill &
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMI	ETERY OR CREMATORY 24D. LOCATION (Ofty, town, or county) (State)
Burial 3/14/51 Cathedra	
LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS
MAR 1 31951	Martin Fahey & Sons 401 Suffolk Rd.
VS 150	

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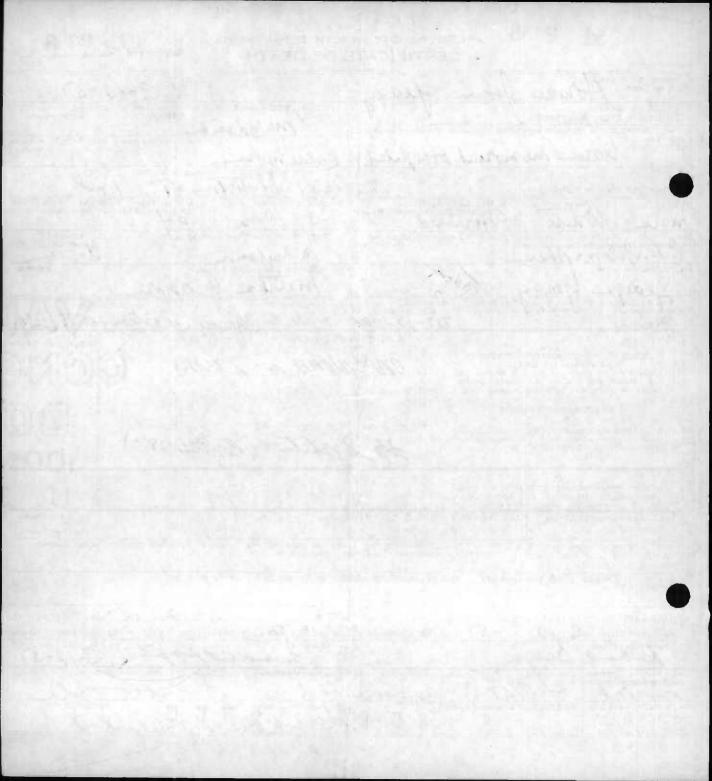
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10 M	1,3,5			ALTH DEPARTMENT	Donieton J M.			
BIRTH NO.			CERTIFICATI	E OF DEATH	Registered No.			
1. NAME OF I (Type or Print)		nobia W	. Cole	174762	2. DATE OF March	12, 1951		
3. PLACE OF DA. Baltimore	DEATH: City, Maryland			4. USUAL RESIDENCE (V		titution: residence before admission)		
B. FULL NAME		al or institut	ion, give street address or location)					
INSTITUTION	1349 West 4	2nd St		c. CITY OR TOWN (If Baltimore	outside corporate limits, v	vrite RURAL and give township)		
ength of	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If	/ /	3-05		
5. SEX female	6.COLOR OR RACE	MIDOM	E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH April 20, 1868	9. AGE (In years little last birthday) 82 Years	lar I Year II Under 24 Hears ns Days Hours Min.		
10A. USUAL OF Work done during most house Wall	CCUPATION (Give kind of tof working life, even if retired) I C	OM	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Brooklyn, Mar)	oreign country) 12	CITIZEN OF WHAT COUNTRY?		
13. FATHER'S	NAME George Mallone	ee		14. MOTHER'S MAIDEN N. Henrietta Inde				
15. WAS DECEAS	SED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Gladys Dear		RESS 5th Street		
Z O DISEASE RISE TO UNDERLU	ASE OR CONDITION LEADING TO DEA' s not mean the mode of lure, asthenia, etc. It mea r complication which of ANTECEDENT CAUS ES OR CONDITIONS, II THE ABOVE CAUSE (A) LYING CONDITION LA SIGNIFICANT CONDITION THE OF	FH f dying, e. g f dying, e. g ns the diseas aused death SES ANY, GIVIN STATING THE ST.	(B)	tio Vasculor Terio Schus		1 ms.		
TO THE	DISEASE OR CONDITION	CAUSING I				20. AUTOPSY?		
LYING C	21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?							
	10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK							
22. I here deceased of 23A. SIGNA	alive on Mc/19	ended the , 1957,		red at m., from t 3B. ADDRESS N. has				
24A. BURIAL, TION, REMOVAL (burial	CREMA 24B. DATE (Specify)		24c. NAME OF CEMETE Cedar Hil		ocation (City, town, or ne Arundel Cour			
DATE RECEIVE	ED BY REGISTRAR			25. FUNERAL DIRECTOR	1217 St. Par	DDRESS		

VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR *location) (If outside corporate limits, write RURAL and give C. CATY OR TOWN INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. DOWED, DIVORCED (Specify) Have & 10A USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work one do no more to working life, even of retired) 11. BUTTHPLACE (State or foreign country) 12. CITIZEN OF edding most of working life, even if retired) INDUSTRY K.K. HURSA (LINE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. REVED FORCES?
(Yes, up br unknown) (If yes give was or dites of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO >aboutale 7-07-7905 INTERVAL BETWEEN CAUSE OF DEATH 163 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY PCINOMA DE LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) . DISEASES OR CONDITIONS, IF ANY, GIVING Syphilis (Positivis STS) RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES NO 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE! WHILE AT WORK 22. I hereby certify that I attended the deceased from 3-3-5 3 - 12 1957 that I last saw the 19____, to___ deceased alive on 3 -/2 19 23A. BOGNATURE 23C DATE SIGNED Kirkand Union mamoria 24A. BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETERY OR-GREMATORY 240. LOCATION (City, town, or county) Burias DATE RECEIVED BY REGISTRAR & SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150 365 50



BALTIMORE CITY HEALTH DEPARTMENT

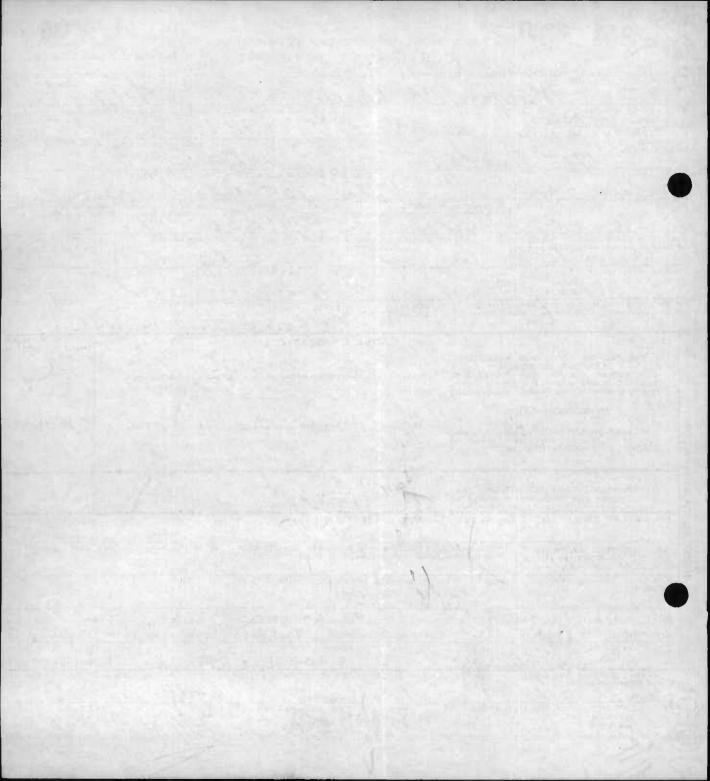
ВІ	IRTH NO.			CERTIFICATI	E OF DEATH	- Registered	No.
1. (T	NAME OF D	ECEASED LLIAM F	IENRY TH	OMAS		2. DATE MAR OF DEATH	ch 11, 1951
3. A.	Baltimore (EATH: City, Maryland			A. STATE	NCE (Where deceased lived, B. COUNTY	If institution : residence before admission)
HIN	OSPITAL OR ISTITUTION Wyman	US Marine Ho Pk. Drive & 3	spital st.	on, give street address or location)	c. CITY OR TOWN	(If outside corporate lim	nits, write RURAL and give township)
	ength of s	tay in Baltimore	?	Yrs. Mos. Days		ss (If rural, give location) A N. Calvert St	reet
5.	SEX	6. COLOR OR RACE	7. SINGLE WIDOW	. MARRIED, ED, DIVORCED (Specify) . COWOT	8. DATE OF BIRTH	3	If Under 1 Year Months Days Hours Min.
worl	k done during most	CUPATION (Give kind of of working life, even if retired) al engineer	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S Marylar	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	Willia	m Thomas			14. MOTHER'S MAI		-
15 (Ye	. WAS DECEAS	ED EVER IN U.S. ARMET (If yes, give wer or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Records- 1	JS Marine Hospit	ADDRESS
CERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEAT not mean the mode of the, asthenia, etc. It mean complication which of ANTECEDENT CAUS SOR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA GIGNIFICANT CONDITION TO THE DEATH, BUT	ITH If dying, e. g ns the disease aused death. IES F ANY, GIVIN STATING TH STIONS CON	(B)	rdial infarct	tion, old, due to	ONSET AND DEATH Unknown
		F OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL	LYING OF	DENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)	about home, fo	CE OF INJURY (e. g., is orm, fectory, street, office bldg., e	ite.) INJURY OCCUI		yes X No , give exact location)
	m. WHILE AT NOT WHILE AT WORK AT WORK						
	deceased a	live on Mar. 1	1, 19 51	and that death occur	red at 6:10P m.,	from the causes and on spital, Balto, Ma	the date stated above.
744	SUNTAL	COCMA- 248 DATE		24C. NAME OF CEMETE		24D. LOCATION (City, tow	
	MAD 1 21	RAR		RE AND METERS	25. FUNERAL DIRE	St. 6217 St.	Paul J.
=	VS 150	331					0.10

Service Service - corta- in Metal Midde in the neogical description, each contract to the contract of A least they felled the

BALTIMORE CITY HEALTH DEPARTMENT

51	2360

BIRTH NO. CERTIFICATE	OF DEATH Registered No.
1. NAME OF DECEASED Mangaret a. Bors	1/2 DEATH 3/11/51 739 DEATH 3/11/51 739
a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and or
INSTITUTION 1705 Barclay J.	C. CITY OR TOWN (If outside corporate limits, write RURAL and g townsh
Yrs.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore Mos. Days	1705 Barclay ST. 1100
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) Months: Days Hours Mi
IOA. USUAL OCCUPATION (Give kind of or lob. KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
Nouse wife Own Home	Balto. Red. WHAT COUNTR
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hanry Christ	Helena Ochaefen
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	MElba, Coutton 2319 N. Chus. J.
18. 427 CAUSE OF	F DEATH INTERVAL BETWE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	siday
injury or complication which caused death.) DUE TO	
Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	less candro vase dicease so years
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT	TION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in o	YES NO
CAUSE OF DEATH	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
deceased alive on Nowh to 1981 and that death occurre	ed at 7200 m from the causes and on the date stated about
	B. ADDRESS 23c. DATE SIGNE
Joseph Freduces M.D.	404 E. North ave. 3.11.51
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 3/14/51 24C. NAME OF CEMETERY	Y OR CREMATORY 240. LOCATION (City, town, or county) (State
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
1 10 10 10 10 10 10 10 10 10 10 10 10 10	Mark la big St B. O. t



1	20								
		51 2361		TIMORE CITY HE		-	egistered N	235	1
B	RTH NO.			CERTIFICATI	E OF DEATH				
	NAME OF D	ECEASED	Parrie	M. Cave	4	2. DAT OF DEA	7	12/5-	,
	PLACE OF D Baltimore	City, Maryland		/	4. USUAL RESIDEN	ICE (Where dece			esidence admission
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit		ion, give street address or location)		, , ,	orporate limits	, write RUR	AL and give township
	ength of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRES	Penros	0	- 20	5-01
5.	SEX	6. COLOR OR RACE	MIDOM	MARRIED, VED, DIVORCED (Specify)	July 2 7, 18	995 9. AGE last h	birthday) Mon	Under 1 Year haths Days H	Under 24 Hours Lours Min.
1 C worl	A. USUAL OC	CUPATION (Give kind of of worklog life, eveo if retired)	10B. KINE	OF BUSINESS OR UNDUSTRY	Pennsylv	,	ntry)	12. CITIZEN WHAT	OF COUNTRY
13	antho.	NAME ny Brazle	7.		14. MOTHER & MAIL	PEN NAME			
15 (Ye	. WAS DECEAS	ED EVER IN U. SOARME! (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	14 Bento	~ - 1926	DRESS	10 //
RTIFICATION	OISEA: (This does heart failt injury or DISEASE RISE TO 1	SE OR CONDITION LEADING TO DEA s not mean the mode of the complication which is complicated by the complication of the complicatio	TH of dying, e. 1 ans the diseas caused death SES F ANY, GIVIN STATING TH	E., (A)	OF DEATH	. > 2 & 3 -		INTERVA	L BETWEE
ERTIFIC	TRIBUTING	II BIGNIFICANT COND 5 TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D					
O	19A, DATE C	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION	MINE		20. AU	NO 4
EDICAL	UNDERLYIN	NAL CAUSE WAS G [] OR CONTRIB- CAUSE OF DEATH.	about home, f	ACE OF INJURY (e. g., in farm, factory, street, office bldg.,			imore City, gi	lve exact loc	ation)
ME	21D. TIME OF INJURY	(Month) (Day) (Year)	,	21E. INJURY OCCURR. WHILE AT WORK AT WORK	ED 21F, HOW DID I	NJURY OCCUR	17		
	the ev	idence obtained by eath in my opinion	said Auto	rcmains described of psy, Inspection or life rom: natural causes	Inquiry, find that s accident s 238. CHIEF MED ASSISTANT MED	uicide [], hom DICAL EXAMINE DICAL EXAMINE	or Inquiry died on the nicide [], un	determine. DATE SIG	ed above
TH	AA. BURIAL.	CREMA- 24B. DATE Specify	5-1	24c. NAME OF CEMETE Lorraine Pa	at am.	Woodla	(City, town, o	or county)	(State)
	ATE RECEIVE		SSIGNATU	IRE, S. M. A. COR.	Wm. J. Tics	TOR + S	lons	Balt	Md
V	S 151			754 (M		94	Lnv	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2262

BIRTH NO.		CERTIFICAT	E OF DEATH	Registered 1	Vo
I. NAME OF DECEA (Type or Print)	CASF	PER ROBERT BERG		2. DATE OF DEATH 3-	12-1951
a. Baltimore City,	: Maryland		4. USUAL RESIDENCE	CE (Where deceased lived, If	institution : residence before admission)
		oution, give street address or location)	c. CITY OR TOWN	Mand	ts, write RURAL and give township)
		Yrs. Mos.	D. STREET ADDRESS	(If rurd, give location)	11
ength of stay in		Days	8. DATE OF BIRTH	9. AGE (In years)	It Under 1 yet It Under 24 Hours
male	7	OWED, DIVORCED (Specify)	Feb. 26, 1898	last birthday) Mo	onths Mays Hours Min.
10A. USUAL OCCUPA work done during most of working Emmigration—U	TION (Give kied of 10B. KII		11. BIRTHPLACE (Stat		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	10 1 D). 3 GOV 0.	14. MOTHER'S MAID	EN NAME	
	The Ber	9	Gundhild	Mark	
(Yes, no or unknowo) (If:	R IN U.S. ARMED FORCES? yes, give war or dates of service) orld War No. I	SECURITY NO.	17. INFORMANT Mrs. C. E.	Berg - Apt. #2	DDRESS 90 Oaklee Vil- lage
18. 541.1		CAUSE	OF DEATH		INTERVAL BETWEEN
(This does not not heart failure, ast	CONDITION DIRECTL DING TO DEATH nean the mode of dying, henia, etc. It means the disc ication which caused des	e.g., (A) Re	weed Peri	toutes	4 days
ANTE	CEDENT CAUSES	Perto	nated Dream	send when	Holas.
RISE TO THE AB	CONDITIONS, IF ANY, GIV OVE CAUSE (A) STATING CONDITION LAST.				
	11				
TRIBUTING TO T	II ICANT CONDITIONS OF THE DEATH, BUT NOT RELATED ON CONDITION CAUSING		yourtreck p	efacet -	
19A. DATE OF OPI	ERATION 3 198. MAJO	R FINDINGS OF OPER		Cloud	YES NO
21A. ACCIDENT \ LYING□ OR CON CAUSE OF DEAT	ITRIBUTING about hon	LACE OF INJURY (e. g., i		(If in Baltimore City,	give exact location)
21D. TIME (Month	(Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT STATE AT WORK		JURY OCCUR?	
22. I herchy cer	tify that I attended th		1954	0 3/12 193	that I last saw the
deccased alive or	1951	and that death occur	rred at 3354 m., fr	om the causes and on t	he date stated above.
234. SIGNATURE		. 2	38. ADDRESS	. 0	23c. DATE SIGNED
24A. BURIAL. CREMA	- 248. DATE	M. D. 24c. NAME OF CEMETE		4D. LOCATION (City, town	or county) (State)
Removal (Specify	3/14/51	Forest Hil	1 Cem.	Chippawa Falls,	Wisc.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNA	1. 1	25 FUNERAL DIREC	ictiner & I	address balto
VS 150	, 0	210	91	11	7B md.

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9		1 2363			EALTH DEPARTMENT E OF DEATH	Registered N	2383
1. ('I	NAME OF D Type or Print) PLACE OF D Baltimore (EATH: City, Maryland	Balto	Hicks	4. USUAL RESIDENCE (VA. STATE	2. DATE OF DEATH Where deceased lived. If B. COUNTY	//57 institution : residence before admission
H	FULL NAME OSPITAL OR ISTITUTION 9		al or instituti	on, give street address or location) Yrs. Mos.	c. CITY OR TOWN THE	outside corporate limit	s, write RURAL and give township
	SEX 7	tay in Baltimore 6. COLOR DR RACE CUPATION (Give kind of	WIDOW	Days , MARRIED. ED, DIVORCED (Specify) OF BUSINESS OR	8. DATE OF BIRTH 2/15//95/ 11. BIRTHPLACE (State or f.	9. AGE (In years last birthday)	Whiter I Year I II Under 24 Hours https://doi.org/10.1001/10.1
wor	D. FATHER'S N	f working life, even if retired)	12	INDUSTRY	14. MOTHER'S MAIDEN N	ty	12. CITIZEN OF WHAT COUNTRY
(Yo	WAS DECEASE e, no nr nuknown)	D EVER IN U. S. ARMEI (If yes, give war ar date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Cora mite	hell /19 W	Montomery &
	(This does heart failu	SE OR CONDITION LEADING TO DEA' not mean the mode ore, asthenia, etc. It mea	TH of dying, e. g ans the disease	(A) Trate	of DEATH MONEY FROM	Menia	INTERVAL BETWEEN
CATION	DISEASES	ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) VING CONDITION LA	F ANY, GIVING	(B) G E DUE TO (C)			
CERTIFIC	TRIBUTING TO THE DI	II IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED	· · · · · · · · · · · · · · · · · · ·			
7	19A. DATE O	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICA	UNDERLYING UTING C	AL CAUSE WAS G OR CONTRIB- AUSE OF DEATH. Month) (Day) (Year)	about home, fa	CE OF INJURY (e. g., in rm, factory, street, office bldg., at the control of the	etc.) INJURY OCCUR?	If In Baltimore City, g	ive exact location)
	the evi	dence obtained by ath in my opinion	ge of the r	remains described a psy, Inspection or 1	Autopsy, Inquiry, find that said do so naccident naccident suicide 23B. CHIEF MEDICAL	\square , homicide \square , use EXAMINER \square 230	thereon and from e day stated above ndetermined □. c. DATE SIGNED
0	BURIAL, CONN. REMOVAL (S	BY REGISTRAR	SSIGNATUI	AC. NAME OF CEMETE	ASSISTANT MEDICAL MEDICAL INVESTIGAT RY OR CREMATORY 246-L 25. FUNERAL DIRECTOR	OCATION (City, town,	ADDRESS
v	S 151				o-a, our un	114	t E J

Maryard How Hich's

Tr-11-6.

Industry Marchael

- march

Wild much (1)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

> 21c. WHERE DID INJURY OCCUR?

20. AUTOPSY YES

21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH

about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

21B. PLACE OF INJURY (e. g., in or

21F. HOW DID INJURY OCCUR?

F INJURY WHILE AT

NOT WHILE WORK

22. I hereby certify that I attended the deceased from

AT WORK

19 . that I last saw the deccased alive on div and that death occurred at I P. m., from the causes and on the date stated above. V 19 23A. SIGNATURE 238, ADDRESS 23c/ DATE SIGNED

24c. NAME OF CEMETERY OR CREMATORY

2AD. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) BURIAL

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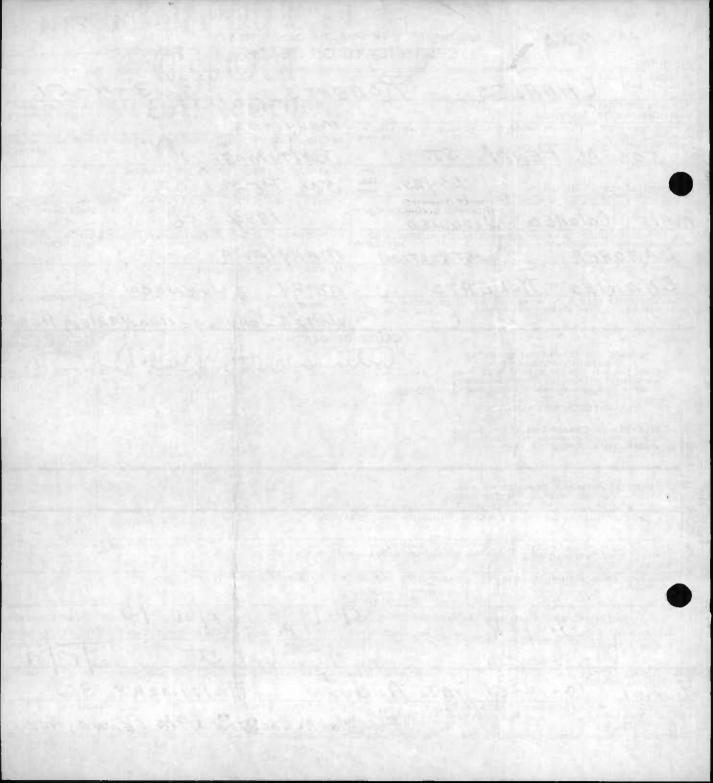
24B. DATE

(If in Baltimore City, give exact location)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE DE MANAGEMENT

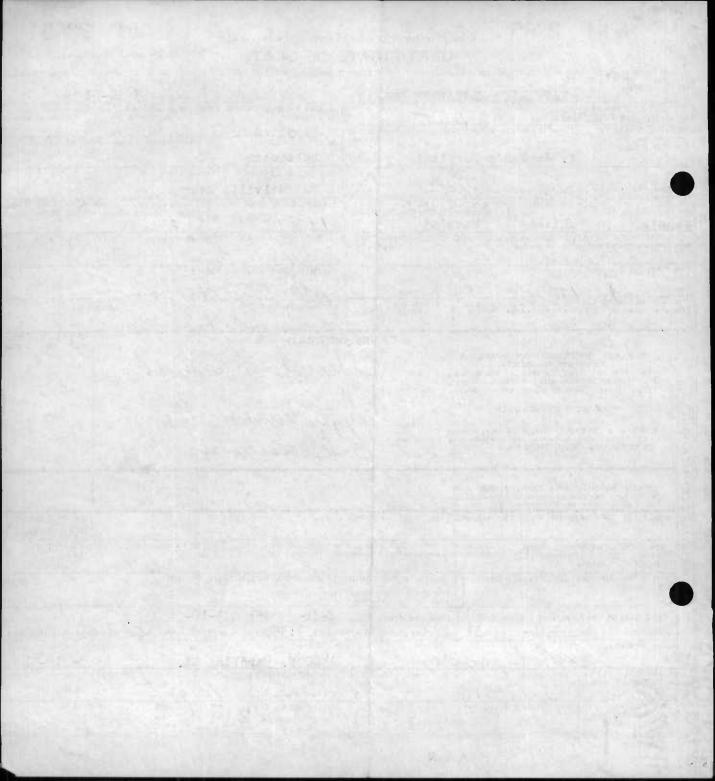
25. FUNERAL DIREC



51 2265

B	IRTH NO.			CERTIFIC	AT	E OF DEATH	Registered I	No
1	NAME OF D	ECEASED					2. DATE	
('.	Type or Print)	KATHER	RINE ELIZ	ABETH HOHM	AN		OF 3-10	-51
	. PLACE OF D. Baltimore C		<i>[-</i>	Palto		4. USUAL RESIDENCE A. STATE		
H	FULL NAME OSPITAL OR NSTITUTION				ress or ation)	Maryland c. CITY OR TOWN	If outside corporate limit	s, write RURAL and giv
	-1	St. Jose	ph's Hos	*		Baltimore		township
	Length of st	tay in Baltimore	Z	ila	Yrs. Mos. Days	o. STREET ADDRESS (803 Melville		9-03
5	SEX	6. COLOR OR RAC	CE 7. SINGL	MARRIED, ED, DIVORCED (S		8. DATE OF BIRTH	9. AGE (In years)	f Under 1 Year If Under 24 Hours
	emale	White	Mar	ried		11-19-85	65	onths Days Hours Min.
wor	k done during most o	CUPATION (Give kin of working life, even if retin of working life, even if retin of the control	dof 108. KINI	OF BUSINESS O		11. BIRTHPLACE (State or	foreign country)	12, CITIZEN OF WHAT COUNTRY
13	3. FATHER'S N	IAME	1	1		14. MOTHER'S MAIDEN		
	4	Harr	non IV	chone		mary a.	Honoman	-
1! (Ye	5. WAS DECEASE	D EVER IN U. S. AR (If yes, give war or o	MED FORCES?	16. SOCIAL SECURITY I	NO.	17. INFORMANT		DDRESS
-	18. 0//	× .		CAU	ISÉ (OF DEATH	nna - /Jan	INTERVAL BETWEEN
	(This does heart failu	E OR CONDITIO LEADING TO DI not mean the mod re, asthenia, etc. It r complication which	EATH e of dying, e. n neans the diseas	e,	w	Kerenlosis Pe	ribuits.	ONSET AND DEATH
		ANTECEDENT CA		.,	11.	la lunaine	Pas	
TION	RISE TO TH	OR CONDITIONS	A) STATING TI		y	Je mar com	. 62.	
FICA.	UNDERLY	ING CONDITION	LAST.	(C)	Cer	eleviolseless	us	
CERTIF	TRIBUTING	II IGNIFICANT CON TO THE DEATH, BE SEASE OR CONDITE	JT NOT RELATE	0				
1		FOPERATION		FINDINGS OF	OPER	ATION		20. AUTOPSY?
CAI		0						YES NO
EDI	LYING OF	ENT WAS UNDER CONTRIBUTING DEATH		ACE OF INJURY (farm, factory, street, office	(e. g., it hldg.,e	a or 21c, WHERE DID	(If in Baltimore City,	give exact location)
Σ	210. TIME (Month) (Day) (Ye	ar) (Hour)	21E. INJURY OCC	URRE	2 1F. HOW DID INJUI	RY OCCUR?	
	J. M.JOKI		m.		WHILE			
	22. I hereby	y certify that I	attended the	deceased from_		2-21- , 1951, to 3	3-10- 19 5	that I last saw th
		ive on 3-10-			occur	red at 9:35pm., from		
0	23A. SIGNAT	URE	1	7/	2	3B. ADDRESS		23c. DATE SIGNED
2	4A. BURIAL, C	REMA- 248/DATE	nyup	ACNAME DE CEL		1400 N. Caralir	e St. LOCATION (City, town,	3- 10-51 or county) (State)
TI	ON, REMOVAL (S	pecify) 3-1	5-51	S S S S S S S S S S S S S S S S S S S	3 00	Itimore 245	Baltum	- ho (State)
	ATÉ RECEIVE		R'S SIGNATI	Miaska, 53		25 FUNERAL DIRECTOR	5 6 2 Anz	ADDRESS VALLE

correct age is especially important. Inysicians: prease write the causer



LYING OR CONTRIBUTING CAUSE OF DEATH

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) F INJURY

21E. INJURY OCCURRED WHILE AT

WORK

NOT WHILE

22. I hereby certify that I attended the deceased from JANUARY 2, 1951, to MARCH 12, 1951, that I last saw the deceased alive on MARCH 12. 19 51. and that death occurred at 5:35 a.m., from the causes and on the date stated above.

23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

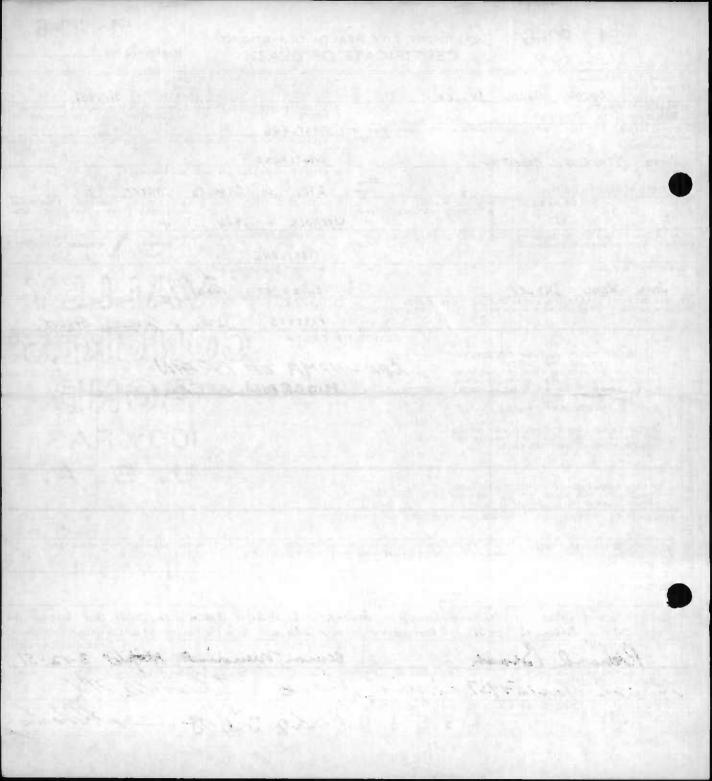
248, DATE

24c. NAME OF CEMETERY OF CREMATORY

240 LOCATION (City town, or county)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE Charles Mi ADDRESS



			4 900m		
51 2367	BALTIMORE CITY HI	EALTH DEPARTMENT	1 2367		
BIRTH NO. D. 6001	CERTIFICAT	E OF DEATH Regist	ered No		
1. NAME OF DECEASED (Type or Print) Mr	s. Catherine Elizabe	th Dwyer 2. DATE OF DEATH	March 12, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased I A. STATE Maryland B. COU!			
HOSPITAL OR INSTITUTION	al or institution, give street address or location) ph's Hospital	1			
ength of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give located) 5805 Falls Road	77-13		
Female White	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Married	August 14, 1878 9. AGE (In y last birthd) 72	ears It Under I Yest It Under 24 Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10в. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Daniel N. McCarty		Margaret Lauterbach			
15. WAS DECEASED EVER IN U. S. ARMED (Yee, no or unknown) (If yee, giva war or dates NO	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Miss Mary A. McCarty 58	05 Falls Road		
18. 443 X .	CAUSE	OF DEATH	INTERVAL BETWEE		
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which of	TH of dying, e. g., ons the disease,	Johnal Raemonlary	2-3/trs		
ANTECEDENT CAUS DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING CONDITION LA OTHER SIGNIFICANT CONDI	F ANY, GIVING STATING THE DUE TO	Esternice C-V- Oli	2		
OTHER SIGNIFICANT CONDI TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED				

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

MEDICAL

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

ID. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE

Mar. D., 1951, that I last saw the 1951, and that death occurred at 1034, m., from the causes and on the date stated above.

22. I hereby certify that I attended the deceased from deceased alive on_

23B. ADDRESS

23c, DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE

24C NAME OF CEMETERY OR CREMATORY

Baltimore, Maryland

Burial DATE RECEIVED BY LOCAL REGISTRAR

March 15, 195 Mount Olivet

25. FUNERAL DIRECTOR ADDRESS

23A. SHENDATURE

COMMON M. D.

Burgee Funeral Hone 3631 Falls Road
Horace F. Ourgee

(If in Baltimore City, give exact location)

VS 150

A SINT TO WAR AND THE SECOND

LET A HOU		les, destantes de		
		Lightgraft sides	100	
	ST NOT ALL MEMORY		in estate	
	Margarett Contraction		www.doi.	
	od- "Dutan . Telefinish at 1			
76.72				

	51 2268 BALT	TIMORE CITY HEALTH DEPA	ARTMENT 51	2268
B	RTH NO. 9 656	CERTIFICATE OF DEA	ATH Registered	l No
	NAME OF DECEASED Emily Da	Man Germershai	AUSER 2. DATE OF DEATH 3	12/51
	Baltimore City, Maryland	4. USUAL RE	SIDENCE (Where deceased lived, B. COUNTY	If institution: residence before admission)
H	FULL NAME OF (If not in hospital or institution)	n, give street address or location C. GITY OR TO	WN (If outside corporate lin	nits, write RURAL and give township)
	length of stay in Baltimore	Yrs. D. STREET AL	DRESS (larurai, give location)	11 12005
5.	SEX 6.COLOR OR RACE 7. SINGLE.	MARRIED. D. DIVORCED (Specify)	IRTH 9. AGE (In years last birthday)	N Under I Year M Under 24 Hours Months Daya Hours Min.
wor	Learn while Commany Return	OF BUSINESS OR 11. BIRTHPLA	CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Charles & Dallam	14. GOTHER	Walden wave	
(Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? , no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. INFORMAT	allan Alles 4415	ADDRESS Clydesdale
	18. 420.0	CAUSE OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		relusion	appo wks
NO	ANTECEDENT CAUSES	(B) artysachester	unt disene	unknow
CATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		in Cardio Vascul	where
CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Hernostatio	Kreunia	& days
CAL	19A. DATE OF OPERATION 19B. MAJOR I	FINDINGS OF OPERATION		20. AUTOPSY?
MEDIC		E OF INJURY (e. g., in or 21C. WHER m, factory, street, office bldg., etc.)		
-	OF INJURY WH	IE, INJURY OCCURRED 21F, HOW ILLE AT NOT WHILE HORK AT WORK	TRUDOO YRULNI DID	
	22. I hereby certify that I attended the d deceased alive on 3/12, 1951, as	eceased from 3 - 4,1	95 to 3-12, 19.	I that I last saw the the date stated above.

DATE RECEIVED BY LOCAL REGISTRAR

VS 150

23A. SIGNATURE

244 BURIAL CREMA-TION REMOVAL (Specify)

EGISTRAR'S SIGNATURE

LA 250FU

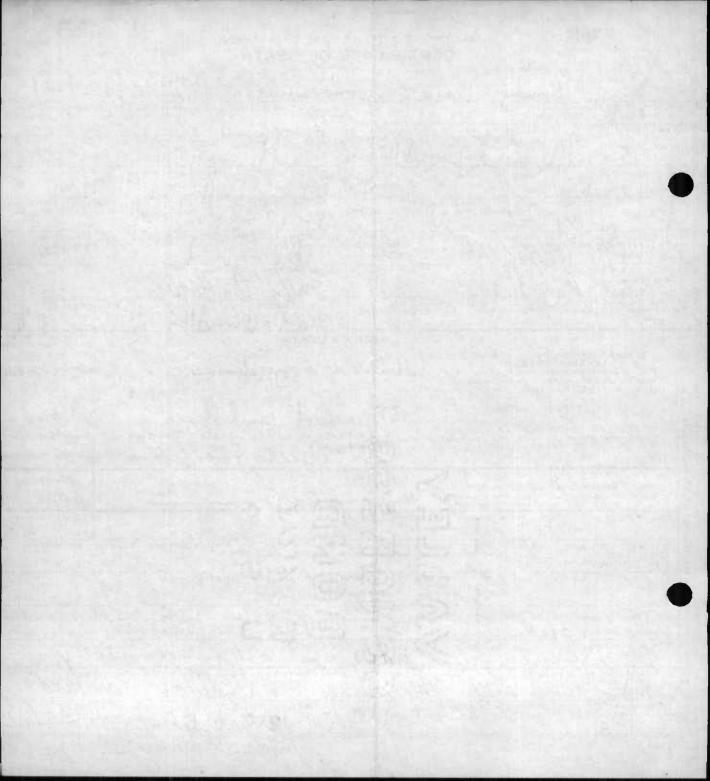
23B ADDRESS

FUNERAL DIRECTOR

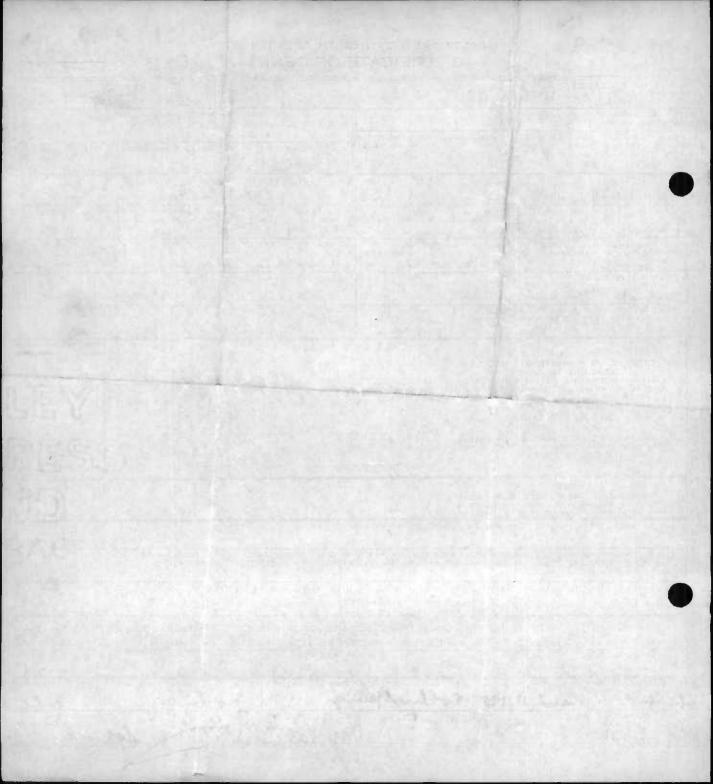
ADDRESS

Horace F. Burgel

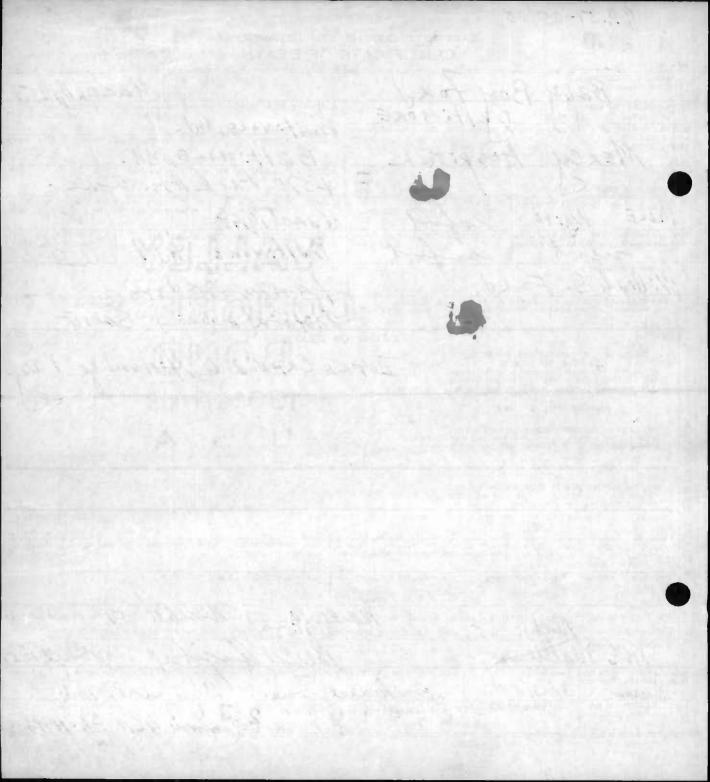
61



	54	22	39	BAI	LTIMORE CITY	HEALTH DEPAR	TMENT	2389
B	RTH NO.	11	-523		CERTIFICA	TE OF DEAT	TH Registe	ered No. 2678
1.	NAME OF			NSON	J.		2. DATE OF	3-11-51
	PLACE OF Baltimore			11001		4. USUAL RESID	DEATH DENCE (Where deceased liver B. COUNTRY	ved. If institution: residence
В.	FULL NAM	E OF		al or institut	ion, give street address	or Ma	rugland	
	STITUTION		17 n.	Jelm	Stor Stocation	Balta	N (If outside corporate	e limits, write RURAL and give township
	Danath of	atom in	. Dol4		Yr. Mo	8. 0 10 /	ESS (If rural, give location)	on)
	SEX SEX		Baltimore		Da E, MARRIED,	8. DATE OF BIRT	H 9. AGE (In yes	ars If Under I Year If Under 24 Hours
_	Jen	6	ween	WIDOW	VED, DIVORCED (Spec	8-1418	F86 last birthday	y) Months Days Hours Min.
10	A. USUAL C	CCUPA st of working	TION (Give kind of ag life, even if retired)	10B. KINE	OF BUSINESS OR		(State or foreign country)	12. CITIZEN OF
	Don	orli:		Own	nome	Warre	~ n· c	WHAT COUNTRY?
0	FATHER'S	NAME	9,000			14. MOTHER'S M.	AIDEN NAME	
15	. WAS DECEA	SED EVE	R IN U. S. ARMEI	FORCES?	I 16. SOCIAL	17. INFORMANT	ell Flee	
(Ye	, no or uaknow	n) (1f	yes, give war or date	s of service)	SECURITY NO	. INFORMANT	100 1.10	ADDRESS
	18. 4	72 7			CAUSE	OF DEATH	me gar	INTERVAL BETWEEN
	- /	ASE OR	CONDITION	DIRECTLY		n.	1 /	DNSET AND DEATH
	(This do	es not n	DING TO DEA' nean the mode of henia, etc. It mea	f dying, e. s	g., (A)	myoc	andutis	5400
	injury o	r compl	ication which c	aused death	.) DUE TD			
		ANTE	CEDENT CAUS	ES				
0	DISEAS	ES OR C	CONDITIONS, I	F ANY, GIVIN	(B)	***************************************		
ATIO	UNDER	LYING	OVE CAUSE (A)	STATING TH				
FIC					(C)	••••••••••••••••		
RTI	OTHER	SIGNIF	ICANT CONDI	TIONS CON	1-			
CE	TRIBUTII TO THE	NG TD T	HE DEATH, BUT DR CONDITION	NDT RELATE	.D T			
4	19A. DATE	OF OPE	ERATION 1	9B. MAJOR	FINDINGS OF OP	ERATION		20. AUTOPSY?
ICA	21A. ACC	DENT V	VAS UNDER	218. PLA	ACE OF INJURY (e. g	in or 21c. WHERE I	DID (If in Poltimore (YES NO L
JEDIC		OR CON	TRIBUTING	about home, f	arm, factory, street, office bld	g.,etc.) INJURY OCCL	JR?	only, give exact rocation)
Í	D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCUP	RRED 21F. HOW DIE	INJURY OCCUR?	
R				m.	WHILE AT NOT WHI			
8	22. I here	by cert	tify that I att	ended the	deceased from 9	-16-,194	6, to 3-11-	19.54 that I last saw the
	deceased 23A. SIGN		2 3-10-	, 195/,	and that death occ	urred at 7 A m		on the date stated above.
	234.3161	Time	1.50		200000	100 ADDRESS	5/0/12	23C. DATE SIGNED
24	A. BURIAL.	CREMA (Specify)	24B. DATE		24C. NAME OF CEME	TERY DR CREMATORY	240. LOCATION (City,	town, or county) (State)
1	hippeo	U	march 1	3,1951	Colliesp	luig,	norlina,	h.c.
D/	TE RECEIV		REGISTRAR	SIGNATU	Philipans, Mr	25. FUNERAL DA	RECTOR O O	ADDRESS 322N
M	AK 131	151		3		Mrs Xatie	K-Williams	Schwaen St
	VS 150				7 7	024		93F
					1 man	~ [4		1-6



B.C. 51-05805 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution, residence A. Baltimore City, Mapyland STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or nstitution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION MOKD,M Yro. ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (in years) If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify last birthday) Months: Days Hours: Min. Lulus 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of wor) ing Mie, agan if retired) LNOUSTRY WHAT COUNTRY w - rs 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL ADDRESS (Yes, oo or unknown) (If yes, give wer or dates of service) SECURITY NO. INTERVAL BETWEEN 60.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., LR4 CKANIO heart failure, asthenia, ctc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES NO 21B. PLACE OF INJURY (e. g., io or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE! WHILE AT 22. I hereby certify that I attended the deceased from March 10, 195 to March 1, 195 that I last saw the deceased alive on / while 4. and that death occurred at Ales Pm., from the causes and on the date stated above. 195 23A SUNATURE 24A. BURIAL, CREMA-24B, DATE 24C. NAME OF CEMETERY OR CREMATORY 24D LOCATION (City, town, or county) TION, REMOVAL (Specify) verral DATE RECEIVED BY REGISTRAR'S SIGNATURE !! FUNERAL DIRECT LOCAL REGISTRAR VS 150



ALTIMORE CITY HEALTH DEPARTMENT

51 2371

Registered No._

		12-	21	1
51.	2371	10		BA

CERTIFICATE OF DEATH

BIRTH NO.			91					
1. NAME OF DI (Type or Print)	ECEASED	Martha E	. Baker,			2. DATE OF DEATH MA	rch 11,	1951
	ity, Maryland			4. USUAL RESI	DENCE (Wh		. If institution	
B. FULL NAME HOSPITAL OR INSTITUTION		al or institution, Elmer Ave	give street addres locati	c. CITY OR TOW		utside corporate li	mits, write RL	JRAL and give township
00 .	,,,,,	Dimor and			timore,			
Length of st	ay in Baltimore	lif	Y: M: O D:		Elmer		7-18	
female	6. COLOR OR RACE	7. SINGLE. N WIDOWED		8. DATE OF BIR	TH	9. AGE (In years last birthday)	Il Under I Year Months Days	M Under 24 Hours Hours Min.
10A. USUAL OC	CUPATION (Give kind of	10s. KIND O	F BUSINESS OF	11. BIRTHPLACE		eign country)	12. CITI2	
etired Mat			liceDept.	Baltime			U.S.	A.
	ame unknown)	Downs	• 2		ra Jenni			
15. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES? 1	6, SOCIAL	17. INFORMANT			ADDRESS	-
Yes, no or uokoowo)	(If yes, give war or date	a Of service)	"SECURITY NO	Mr. Harry A.	. Close,	5009 Elm		
(This does heart failure injury or DISEASES RISE TO THE UNDERLY OTHER STRIBUTING	E OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which ANTECEDENT CAUS GOR CONDITIONS, I HE ABOVE CAUSE (A) ING CONDITION LA III IGNIFICANT CONDIT TO THE DEATH, BUT SEASE OR CONDITION	TH of dying, e. g., ns the disease, caused death.) SES F ANY, GIVING STATING THE SST. TIONS CON- NOT RELATED	(A)	Peule Car Verrolyid Pelevet	dioi	freli doresoc áse	ue 1	loy
19A. DATE O	F OPERATION 1	98. MAJOR F	NDINGS OF O	PERATION				AUTOPSY?
LYING OF		about home, farm	OF INJURY (e., factory, street, office b	dg.,etc.) INJURY OCC	CUR?	in Baltimore Cit	YES	location)
F INJURY	Month) (Day) (Year,	WHI	LE AT NOT WE	BLE T	ID INSURT	OCCORT		
deceased al	y certify that I att			curred ab = Por	m., from the	e causes and o		tated above
23A SIGNAT	gul 3 Zo	ruscan	43 M.D.	679 Wash			3/ /2	2/51
TION, REMOVAL (S		4 - 1	2 14 A Lef	ETERY OR CREMATOR				(State)
DATE RECEIVED		S SIGNATURE		ark Cem.	RECTOR (n. 4611 Pa	ADDRES	
VE 150	64							

Che comer ar. The Michell Str. Red Let ... The Admin Alexander THE WORLD STREET teres of the section had seen to be The state of the s

VS 150

He Lewis 122 B

DO NOT GOPY ON ANY TRANSCRIPT (for statistical purposes only)

Dr. Silverman, Director Tbc. Bureau of the B C H D spoke with Dr. Kuhn ... "The patient was operated upon for suspected ulcer, but findings were catarrhal inflamation of gastric mucosa. There was twisting of intestine following operation which in turn let to obstruction followed by nephron nephrosis, uremia. Autopsy disallowed."

3/14/51 ES

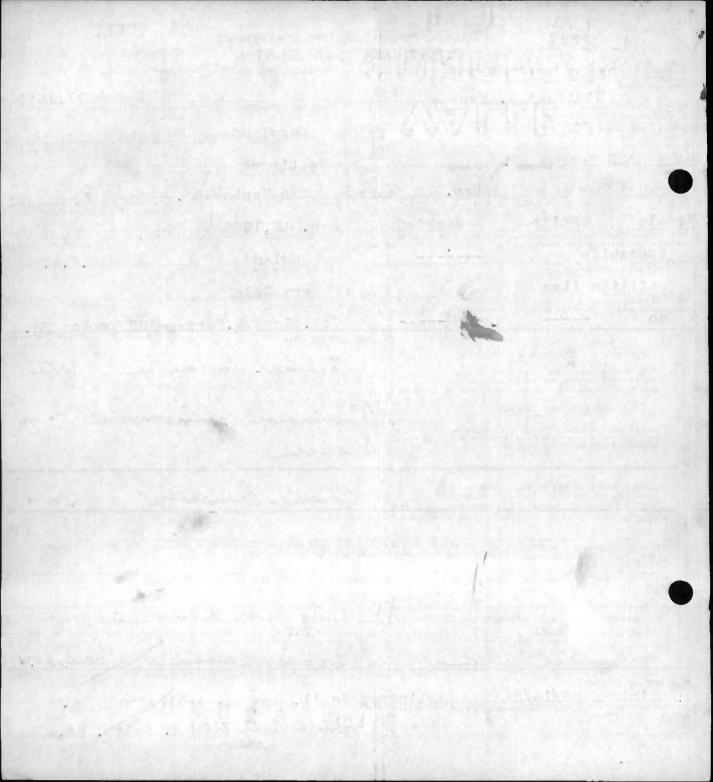
51 2273

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

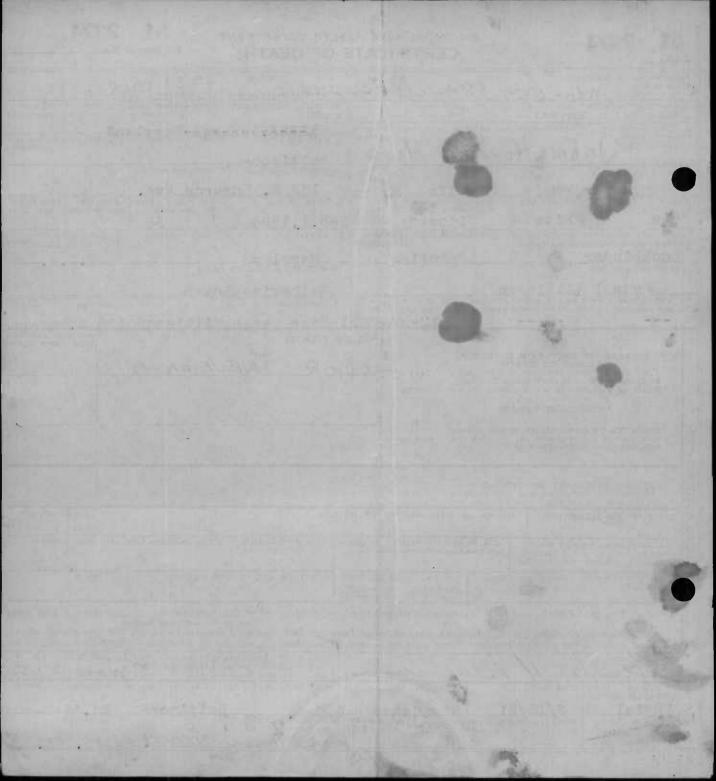
51 2373

Registered No.____

BIRTH NO.						
1. NAME OF DE	CEASED				2. DATE OF	
	Winifred S	Fan	700		DEATH ME	arch 11,1951
A. Baltimore C	ity, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived B. COUNTY	. If institution residence
B. FULL NAME OF HOSPITAL OR INSTITUTION	OF (If not in hospit	tal or institut	ion, give street address or location)		If outside corporate li	mits, write RURAL and give
	Taplow Rd			D 3.14		township)
020	aabtow no		Yrs.	D. STREET ADDRESS (If rural, give location)	
	ay in Baltimore		Mos.	325 Taplo	w Rd V	1-17
	6. COLOR OR RACE	7. SINGLI	E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH		Months Days Hours Min.
remale	White		arried	Jan. 19 1985	ast birthday)	Months Days Rours Min.
10A. USUAL OCC	UPATION (Give kind of	10B. KINE	OF BUSINESS OR	Jan. 19 1885 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
work done during most of	working life, even if retired)		INDUSTRY		,	WHAT COUNTRY
Housew				England		TT & A
13. FATHER'S N.	AME			14. MOTHER'S MAIDEN	NAME	V 0 20 411 4
	am Iles	<u> </u>	3	Mary Cady		
(res, no or uosnown)	D EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	*****	1		Col.Flowd W.	Parraa 325	Tanlag Pa
18. ///2	V	A LANDY	CAUSE	OF DEATH	01100 020	INTERVAL BETWEEN
447	OR CONDITION	DIDECTIV	0.1002	o. DEATH	,	ONSET AND DEATH
DISEASI	LEADING TO DEA	TH		Confine to		. 4
(This does	not mean the mode of e, asthenia, etc. It mes	of dying, e. g	(A)	Cerebral Le	more rege	d mo.
injury or	complication which	caused death	DUE TO		0	
	NTECEDENT CALL		/			
_ ′	ANTECEDENT CAUS	DES.	Her	reference Co	ades mace	Clark 5+ 24
DISEASES	OR CONDITIONS, I	F ANY, GIVIN				7.
RISE TO TH	E ABOVE CAUSE (A)	STATING TH	E DUE TO			
A ONDERLII	ING CONDITION D	151,	(c) Old	suc_		
<u> </u>						
E OTHER SI	11					
	GNIFICANT CONDI		D /	Theonic Eros	. alidis	6.00
	SEASE OR CONDITION		т	numer oras	eest-40	5+71.
19A. DATE OF	OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
V V						YES NO V
= 21A. ACCIDE	ENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., i	n or 21c. WHERE DID	(If in Baltimore Cit;	y, give exact location)
LYING OR	CONTRIBUTING	ebout home,	arm, fectory, street, office bldg.,	injury occur?		
Σ		1				
OF INJURY	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJU	RY OCCUR?	
		m	WHILE AT NOT WHILE			
20 77 1	114 17 17 1			(11.10 10/10/	200 11 10	
22.1 nereon	certify that I att	ended the	deceased from	aug , 1946, to_	, 19	SL, that I last saw the
deceased ali	ve on may i	_, 19.5/		red at 2:55 P.m., from	the causes and or	
23A. SIGNAT	URE	1/		3B. ADDRESS	2	23c. DATE SIGNED
1/2	edereck X,	Valles	ser M. D.	6100 york 16	vad_	Mar 13, 1951
24A. BURIAL, CI				RY OR CREMATORY 24D.	LOCATION (City, to	wn, or county) (State)
Burial	1 1	7	1/0 7 0			
DUI'181	3/14/5		PERIOD NO.	25. FUNERAL DIRECTOR	Arlingto	n ADDV8se
LOCAL REGISTA		W. C.	A. Tr. Profes	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		VDDUESO
AR 1 41951		-	1 4 5 1	John A. Moven 3	000 E. Bal	to. St.
VS 150				Shewe	•	0 - 1
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASEO 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF I'f not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RURAL and give HOSPITAL OR INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore Vife Days Luzerne Ave. 138 N. 5. SEX 6 COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | 1 Under) Year | 1 Under 24 Hours | last birthday) | Months: Days | Hours | Min. WIDDWED, DIVORCED (Specify) Male Widowed eb.1.1896 10A. USUAL OCCUPATION (Givekindof) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Bookbinder Printing Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Wilkinson Katherine Roach 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO 12-07-3231 Miss Sarah Wilkinson 138 N. Luzerr 490 X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY NEUMONIA LEADING TO DEATH
(This do not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DIO (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! WHILE AT AT WORK WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autopay, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23B. CHIEF MEDICAL EXAMINER 23c. OATE SIGNEO ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR march 12, 195) 4C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 248. DATE Cathedra Baltimore DATE RECEIVED BY REGISTRAR'S SIGNATURE LCCAL REGISTRAR 3000 E. Balto



Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE MARCH 12 (Type or Print) OF CHOCASON DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 600 A gen carla A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR PINE CREST C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Yes D, STREET ADDRESS (If rural, give location) / Mos. Length of stay in Baltimore Dave 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH if Under 1 Year 9. AGE (In years If Under 24 Hours last birthday) Months: Days Hours; Min. arch 3 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 12. CITIZEN OF work done during most of working life, eyen if retired) INDUSTR' WHAT COUNTRY? Lausewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? unfandenn 16. SOCIAL 17 INFORMANT ADDRESS (Yes, no or nnknown) | (If yes, give war or dates of service) SECURITY NO. LATERVAL BETWEEN CAUSE OF DEATH 18. 420 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. DUE TO MYUCAKDIAL injury or complication which caused death.) ANTECEDENT CAUSES ERios cleretie It evet DISEASES OR CONDITIONS, IF ANY, GIVING Distase RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized Anterioscleros 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or HOMICIDE (Specify) about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from felway 3, 1951, to March 12, 1951, that I last saw the deceased alive on March 11, 1951, and that death occurred at 5 20km, from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 2030 (1) 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-248. DATE TION. REMOVAL (Specify REGISTRAR'S SIGNATURE FUNERAL DISECTOR DATE RECEIVED BY ADDRESS wally from the whole LOCAL REGISTRAR vs 156 1957

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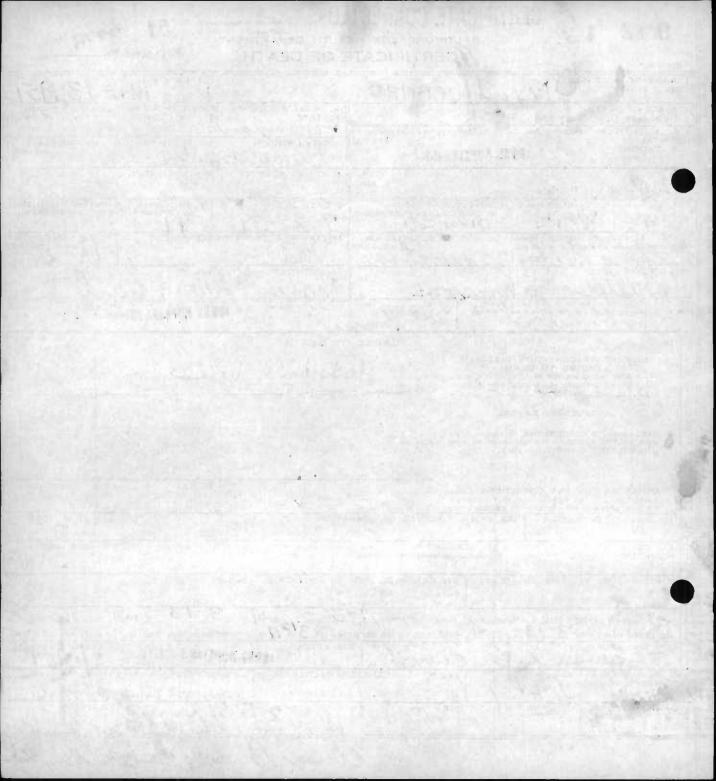
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NEW YORK TO THE STREET	and the			
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) IBBARD OF DEATH S. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) mary (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 18THS HOPKINS HOSPITTI Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (in years If Under 1 Year H Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. FFMAL DIVORCED 10A. USUAL OCCUPATION (Give kind of the control of 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY NDUSTRY 13. FATHER'S NAME MOTHER'S MAIDEN MAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give way or dates of service) 16. SOCIAL NO HOPKINS HOSPITAL 7. INFORMANT SECURIT Y NO. riose INTERVAL RETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office hldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE 1951, and that death occurred at 313 Am from 19 1, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 3- \boldsymbol{R} m., from the causes and on the date stated above. 23A, SIGNATURE 23c DATE SIGNED Rue und 24D. LOCATION (City, town, or county) 24A BURIAL, CREMA-24C NAME OF CEMETERY OR CREMATORY 24B. DATE Haughs Cem. Ladiesburg Frederick County, Maryland ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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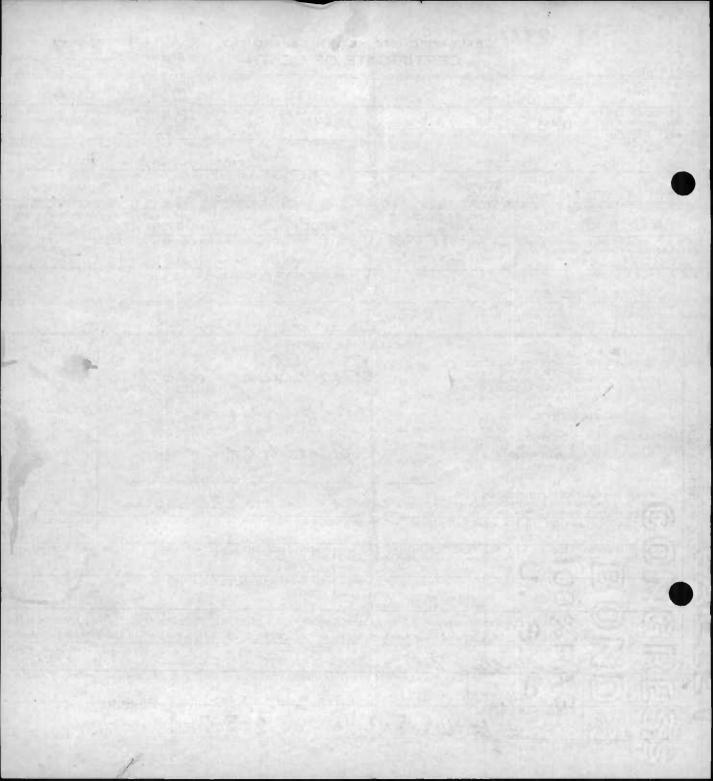
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51 2377 BALTIMORE CITY HEALTH DEPARTMENT

51 2277

CERTIFICATE OF DEATH Registered No.									
	NAME OF D ype or Print)	ECEASED Gus Arn	iger			2. DATE OF DEATH Marc	h 12.1951		
A.		EATH: City, Maryland E	Balto.	Md.	4. USUAL RESIDENCE (1)		institution: residence before admission)		
H	SPITAL OR STITUTION	1126 S. Cha		location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 23-01				
		IIIZO O. OIIO		Yrs.	D. STREET ADDRESS (If rural, give location)				
-	addition of the State of the St	tay in Baltimore	40 у	Lays	1126 S. Charles St. Falto. 30 8. DATE OF BIRTH 9. AGE (In years)				
	male white 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify married		March17,1886	64yrs Mo	nths Days Hours Min.				
work	done during most o	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f		12. CITIZEN OF WHAT COUNTRY?		
Tugboat Capt. Tugboat Boss					Somerset Cour				
	Joseph	h Armiger							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.				SECURITY NO.	17. INFORMANT		DDRESS		
-	no none 213-10-6151				Irving Armice	er-sonl126	S. Charles St		
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER				roneling runner a chex rteuroc	luic (ca	onset and death		
EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?								
ME	2 1D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK								
	22. I hereby certify that I attended the deceased from Musey, 195, to March 195, that I last saw the deceased alive of 11th, 1951, and that death occurred at 9,30 fm., from the causes and on the date stated above. 23A GIGNATURE 23B. ADDRESS 23C. DATE SIGNED 23C. DATE SIGNED 23C. DATE SIGNED								
D	24a. BURIAL. CREMA: 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) / (State) TION, REMOVAL (Specify) Burial March14,1051 Cedar Hill Cemetery Ritchie Balto Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE. 25. FUNERAL DIRECTOR								
	MAR 1 41951 TELET TO NULL MAR KRAUSE F2NERAL HONE 1216S. Charlesst								
	vs 150 Balto. 30 Md. 47c								



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2378

Registered No-

BIRTH NO.	LOIDLAIII						
1. NAME OF DECEASED (Type or Print) (Frederick) Fred S. Gabl	1						
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL, NAME OF (If not in hospital or institution, give street address or	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)						
HOSPITAL OR 115 . Trement Rd.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
Length of stay in Baltimore 65 yrs Mos. Days	D. STREET ADDRESS (If rural, give location) 115 S. Trement Rd.						
5. SEX Male 6. COLOR OR RACE 7. SINGLE, MARRIED, W.P. W.P. W. P. W	86						
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR PROPERTY OF THE INCLUSION OF THE INDUSTRY	Telliparagira						
Conrad Gable	14. MOTHER'S MAIDEN NAME Unknown						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	William C. Gable, 107 S. Tremont Rd.						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Arterosclorofic Cardio Vascular DUE TO disease CC)							
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?						
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF	in or 21C. WHERE DID (If in Baltimore City, give exact location)						
F INJURY m. WHILE AT NOT WHILE AT WORK AT WORK							
22. I hereby certify that I attended the deceased from f MARCH, 1951, to 10 MARCH, 1951, that I last saw the deceased alive on 10 MARCH 1951, and that death occurred at 705 Pm., from the causes and on the date stated above. 23A SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 23C. DATE SIGNED							
24a. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24o. LOCATION (City, town, or county) (State) JION. BEMOVAL (Specify) Jarch 14, 1951 Loudon Park, 3801 Frederick Ave. Balto. 29, Md.							
DATE RECEIVED BY REGISTRAR'S SIGNATURE MAR 14 1951	Harry H. Welffeel 101 admonds on Ave.						
VS 150	933						

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		51	2378	BA			EALTH DEPARTM			ed No	5-5/	9
BI	RTH NO.				CERTII	FICAT	E OF DEATH		2008.0001	CG 110,		
1. (T	NAME OF type or Print)	DECEASE	Sim	NEY	J.	Ros	ENTHA	4 2	OF J	7-13.	ې -	-1
Α.	PLACE OF Baltimore	City, Ma		3706 K	relieur.	14	4. USUAL RESIDER	NCE (Where	e deceased live B. COUNT			esidence admission
H	FULL NAME OSPITAL OR ISTITUTION		70	oital or institu	1	et address or location)	C. CON OR TOWN	(If outs	ide corporate	limits, writ	e RURA	AL and giv
1	00	U re	- 11	lour	u		10 activ	non		2-1	0	township.
G	Length of	stay in E	Baltimore		72	Yrs. Mos.	105 les	ss (ligura	l, give location	n) a	re	
5.	SEX	6. COLO	B OR RAC	WIDOV	E. MARRIED VED, DIVORO		8. DATE OF BIRTH	9.	AGE (In year last wirthday	me	Year H	Under 24 House Ours Min
	Sone during mos				O OF BUSIN	ESS OR INDUSTRY	11, BIRTHPLACE (St.	tate or foreig	n country)	D 12 C	VHAT (N OF COUNTRY
13	PATHER'S	NAME		11			14. MOTHER'S MAJ	DEN NAME				
19 (Ye	. WAS DECHAS	SED EVER I	N U.S. ARM	ED FORCES?	16. SOCIA	L RITY NO.	17. INFORMANT	9	0 0	ADDRE	ss 1	,00
							Total Co	sent	hal.	2304	Lou	The KO
	18. /	81X	1			CAUSE	OF BEATH					L BETWEE
	DISEA	ASE OR C	CONDITION	DIRECTLY		0		110	0 1			
	heart fail	es not mea lure, asther	in the mode	of dying, e. eans the disea caused deat	se,	Or	unoma of	I blos	4		187	us
7		ANTECE	EDENT CA	USES		Ca	runnua s	of Car	en		8m	ep
CATIO	RISE TO	THE ABOV		, IF ANY, GIVI A) STATING T LAST,)		Ď			••••	***********
FIC					(C)							
ERT	TRIBUTIN	NG TO THE	DEATH, BL	DITIONS CO	N-							
	19A. DATE			19B. MAJOR	FINDINGS		RATION				20. AL	TOPSY?
AL			0								YES _	No 4
1EDICA	21A. ACCIE HOMICIDE				ACE OF INJI				Baltimore C	ity, glve e	xact loc	ation)
2	210, TIME		(Day) (Yer	r) (Hour)	21E. INJUR	Y OCCURR	ED 21F, HOW DID	INJURY O	CCUR?			
	F INJURY			m.	WHILE AT WORK	NOT WHILE						
			3/10/	ttended the	deceased f	rom	0104	, to 3/1-	/	19, tha		
	deceased of		SIL	, 193 /.	and that d		rred at 7 1 m.,	from the e	auses and			ted above E SIGNEL
	ZSA. SIGN	10 hr/	3154	24 mi		M. D.	7370 lut	2WP	2	230	3/13	151
2	REMOVAL	(Specify)	248. DATE		24C. NAME		RY OR CREMATORY	24D. LOCA	TION Wity,	town, or con	unty)	(State)
D	ATE RECEIV		REGISTRA	R'S SIGNAT	URE F	·	- 25. FUNERAL DIRE	CTOR/ha	n uc	ADE	RESS	0

Jack Ferrice 2100

DATE RECEIVED BY

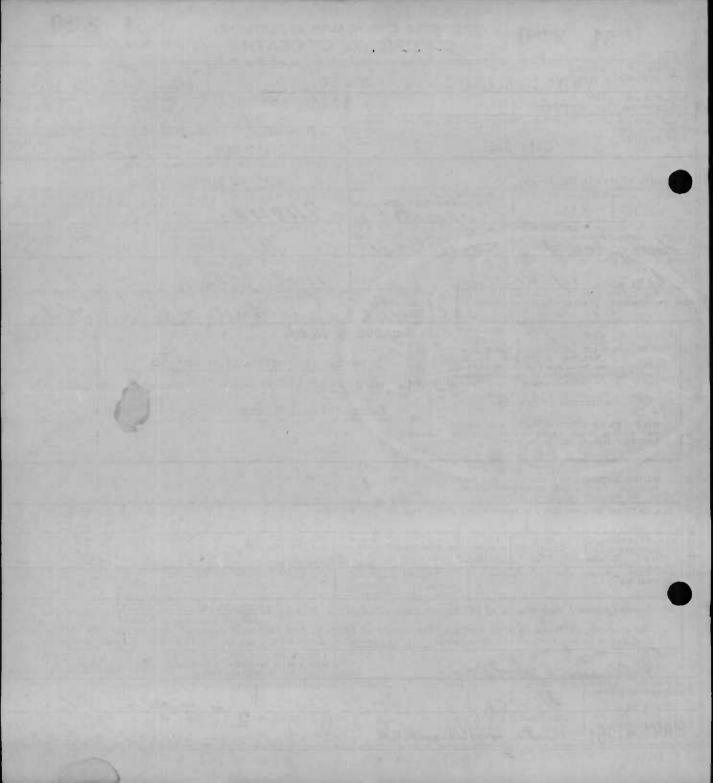
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2320 bestow Pl ANGENTABLE CONTRACT \$4900 M SILE Brist Line of the Atlanta ON TOOL nal Y was the transfer CONTRACTOR OF THE PROPERTY OF 51 2280

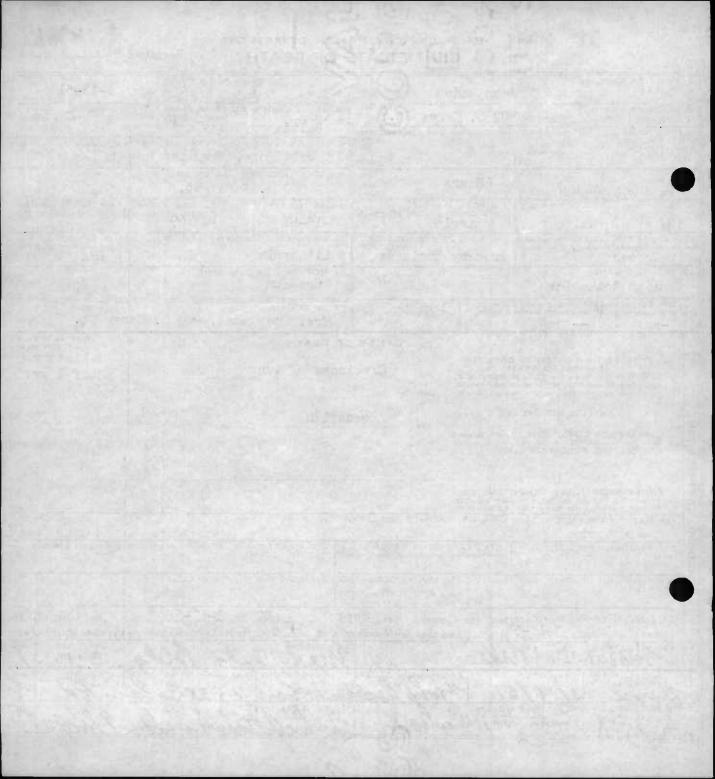
51 2280 BALTIMORE CITY HEALTH DEPARTMENT

51 2380

В	RTH NO.	. 3 2	CERTIFIC	ATE	OF DEAT	ГН	Register	ed No.		
1.	NAME OF D	DECEASED					2. DATE			
(T	ype or Print)	GENEVA (GE	CNIVIEVE)	ANDER	SON		OF M	arch 10,	1951	
	PLACE OF E				4. USUAL RESID	DENCE (W	here deceased live			
-	FULL NAME	City, Maryland	tal or institution, give street addr		. STATE Mam	vland	B. COUNTY	Y be	fore admission	
H	SPITAL OR			- A 2 \	CITY OR TOW	/	outside corporate	limits, write R	URAL and give	
10	STITOTION	City	Jail		Bal	timore	15	-02	township	
					STREET ADDE	RESS (If r	ural, give location	n)		
	ength of s	stay in Baltimore		Mos. Days	203	5 W. No	rth Avenu	е		
30	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,		. DATE OF BIRT		9. AGE (In year	s H Under i Year	If Under 24 Hours	
	Female	White	Schanated	pectry)	9/18/	12	32	Months; Day	s Hours Min.	
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	1 108. KIND OF BUSINESS		1. BIRTHPLACE	(State or for	reign country)	12. CITI		
401	-	h-loved	Seamo to sac)k	20		WHA	AT COUNTRY	
13	FATHER'S		CLOT	1	4. MOTHER'S M	AIDEN NA	ME			
1	Vances	ine 111. 41	Aliana	34	Meala	Gil.	1000			
15	. WAS DECEAS	ED EVER IN U.S. ARME		1	7. INFORMANT	62.0	BUR	ADDRESS		
(Xe	i, no or unknown)	(If yes, give war or date	SECURITY I	NO.	Anida F	Leave	1 2025	U. Horts	12.	
	10 -/	1 11	~~~	24	LUNE OF CI	axaary	2033 4		RVAL BETWEEN	
	18. 56	7 7 1		SE OF	DEATH				T AND DEATH	
	OISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., (A) Intestinal obstruction due to									
П		s not mean the mode ure, asthenia, etc. It me	ans the disease	***************	******************************	• • • • • • • • • • • • • • • • • • • •				
	injury or	complication which	caused death.) XNEXX C	iaphr	agmatic he	ernia	1	5		
		ANTECEDENT CAU	SES	onges	tive failu	ire				
NO	DISEASES OR CONDITIONS, IF ANY, GIVING									
OI.	UNDERL	THE ABOVE CAUSE (A)	STATING THE OUE TO							
×			(C)		***************************************	• • • • • • • • • • • • • • • • • • • •	************************		***************************************	
RTIFICA		- 11							Dennic Co. State Lt. Statement	
E		SIGNIFICANT COND G TO THE OEATH, BUT				10				
CEF	TO THE D	ISEASE OR CONDITION	CAUSING IT							
,	19A. DATE C	OF OPERATION 1	9B. MAJOR FINDINGS OF	OPERAT	ION			20.	AUTOPSY?	
AL	Ole EVEED	NAL CALISE WAS	21B. PLACE OF INJURY	e o in or	21c. WHERE	DID (If	in Baltimore Ci	ty give exect	location)	
2	UNDERLYIN	NAL CAUSE WAS			INJURY OCC		III Dattillore Or	ty, give exact	Tocavion,	
1EDI		CAUSE OF DEATH.								
Σ	OF INJURY	(Month) (Day) (Year)		WHILE	21F, HOW DI	D INJURY	OCCUR?			
L			m. WORK AT W	VORK	1					
	22. I certi	fy that I took char	ge of the remains describ	ed abo	ve, held an 🗓	nspecti	on & Inqu	iry thereo	m and from	
	the ev	idence obtained by	said Autopsy, Inspection	or Inq	uiry, find that	t said dec	nspection or Inqu ceased died on	the day s	tated above	
	and de	eath in my opinion	resulted from: natural co	auses É], $accident \square$,	, suicide	\square , homicide \square	\supset , undeterm	ined [].	
	23A. SIGNA	TURE	21		238. CHIEF M	EDICAL E	XAMINER	23c. DATE		
2	NU	sum VAO	ULAT		MEDICAL IN	VESTIGATO)R	11017 011	10, 1951	
	A. BURIAL.		24c. NAME OF CEN	METERY	OR GREMATORY	24b. LQ	CATION (City, to	own, or county,) (State)	
_	Burio		51 07	1/2	1410	1	-15m2/	6. M.	4.	
D/ L	TE RECEIVE	RAB.	S SIGNATURE	25	FUNERAL DIE	RECTOR .	£ £	ADDRES	S	
'	11HT 4]	951 rimite	when I'm want him	4	han Cool	Juse	1217	J. Buck	36.	
V	S 151	1	7	04	C-			100	201	
			1 7	and the	COT .					



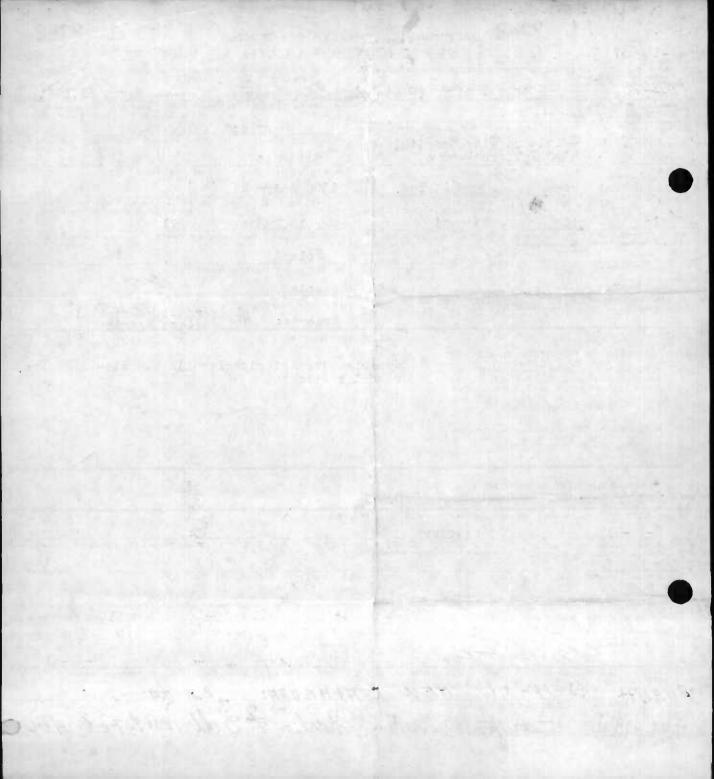
BIF	RTH NO.		OLIVINI TOM	E OI BEATH		
	NAME OF DECEASED pe or Print)	John Ra	ades		2. DATE OF DEATH	3-13-51
B. F	77	-	Carey St. tion, give street address or location)		ryland outside corporate lim	f institution: residence before admission) its, write RURAL and give
C.	Length of stay in Baltimore	68	Yrs. Mos. Days	D. STREET ADDRESS (If		
5.3	m 6.COLOR OR RACE	WIDOV	E. MARRIED. VED. DIVORCED (Specify) Cried	8-15-81	9. AGE (In years last hirthday) M	If Under I Year II Under 24 Hours Ionths Days Hours Min.
10A work	USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	108. KINI groces	of BUSINESS OR INDUSTRY ry business	11. BIRTHPLACE (State or for Lithuania	reign country)	USA
13.	John Rotkawicz		(P)	14. MOTHER'S MAIDEN NA UNKNOWN	AME	
15. (Yes,	WAS DECEASED EVER IN U. S. ARME no or unknown) (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Eva Rades		ey St.
	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It mer injury or complication which	onset and death history of 1 yr.				
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED					
AL C	19A. DATE OF OPERATION		FINDINGS OF OPER	RATION		20, AUTOPSY?
MEDICA	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		f in Baltimore City,	give exact location)
	FINJURY (Month) (Day) (Year	(Hour)	21E. INJURY OCCURR WHILE AT WORK NOT WHILE WORK		OCCUR?	
	22. I hereby certify that I at deceased alive on 3-12-	19	and that death occur	pt 1 , 150, to 3 rred at 11 am., from t	-13-51, 19 he eauses and on	the date stated above. 23c. DATE SIGNED 3-13-5
TIO	A. BURIAL, CREMA- 24B, DATE N. REMOVAL (Specify) A. BURIAL, CREMA- 24B, DATE N. REMOVAL (Specif	5/ sesignat	24c. NAME OF CEMETE Holy Rede	emer 60m 4 4 25 FUNERAL DIRECTOR	35 Belais	
(41)	VS 150	31 · 4-14	29064			47)



51 2382 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

73.	53	82

BIRTH NO.	1		CERTII ICATI	L OF BEATH		
1. NAME OF (Type or Print)					2. DATE	
	Geor	ge Smos	sky (Smulski)			ch 12,1951
3. PLACE OF I	City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If B. COUNTY	f institution : residence before admission)
B. FULL NAME		al or institut	tion, give street address or	Maryland	B. COOI411	before admission)
HOSPITAL OR			Hospitals location)		f outside corporate limi	ts, write RURAL and give
3/	4940 Eas	tern Av	renue	Baltimore	24-1	township)
	17.10		Yrs.	D. STREET ADDRESS (I	f rural, give location)	
ength of	stay in Baltimore		45 Yrs. Mos. Days	1300 Andre St.	(30)	
5. SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH		It Under 1 Year If Under 24 Hours
Male	White		VED, DIVORCED (Specify)	W - 10 1000	last birthday) M	onths Days Hours Min.
	CCUPATION (Give kind of	Wide		Mar. 12.1880	foreign country)	12. CITIZEN OF
work doos during most	of working life, even if retired)		INDUSTRY		, , ,	WHAT COUNTRY
13. FATHER'S	NAME			Pohand	1416	
			Marya Lunga	14. MOTHER'S MAIDEN N	IAME	
Geo				Josie		
(Yes, no or uokoowo	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Bolts	more City Ho	DDRESS
				Records: 4940	Eastern Aven	spicais
18. 44	3 X .		CAUSE	OF DEATH		INTERVAL BETWEEN
, ,	SE OR CONDITION					
(This doe	s not mean the mode of		Hyperte	ensive Arterioscl ar Disease	erotic Card	io- 20 Yrs.
heart fail	ure, asthenia, etc. It mea complication which c	ns the diseas	se, Vascula	ar Disease		***************************************
			., 552 10			
-	ANTECEDENT CAUS	ES				
DISEASE	S OR CONDITIONS, II			***************************************	***************************************	***************************************
UNDERL	THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	HE DUE TO			
0			(C)		***************************************	
DISEASE TO UNDERLY OTHER STRIBUTIN	П					
OTHER S	GIGNIFICANT CONDI				2 E V 1/2 II	7
U TO THE D	SISEASE OR CONDITION			· ··· · · · · · · · · · · · · · · · ·		
-4	1		FINDINGS OF OPER	ATION		20. AUTOPSY?
2-22-			togram			YES NO X
LYING OF	DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., ir farm, factory, street, office bldg., e		(If in Baltimore City,	give exact location)
	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID INJUR	Y OCCUR?	
F INJURY			WHILE AT NOT WHILE			
00.71		m.	WORK AT WORK L	16	2 22	73
	by certify that I att			1-6 , 1951, to		
deceased a		, 19, 51.		red at 7 2 m., from	the causes and on t	
23A. 31GNA	91	ense	1	3B. ADDRESS		3-12-51
24A. BURIAL,	CREMA- 24B. DATE		M. D.		ENUE LOCATION (City, town	
TION, REMOVAL		41	100	TON CITEMATORY 240. I	CATION (CID), LOWIN	, or country) (State)
BURIA	0-17-	01	NEW CA	THEDRAL	BALTU.	
LOCAL REGIS		SIGNATI	I/AC BOT 3	25 FUNERAL DIRECTOR	111	ADDRESS
MAR 1 419	الله	witer !	Minuste, MX	naries T.D.	Ul 15012	Fort Ave
VS 150		4	\			
1		5 4	in the second			135 B

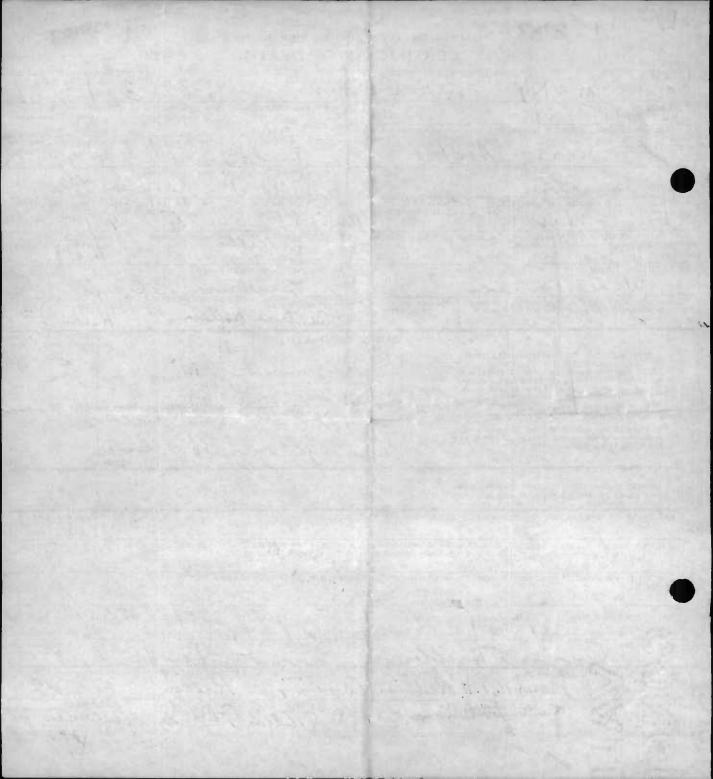


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BALTIMORE CITY HEALTH DEPARTMENT CERT!FICATE OF DEATH

51 2283

В	IRTH NO.			CERTIFICAT	E OF DEAT	H	110	
(T	NAME OF D Type or Print)	MARY	·	SELL.	4 M	2. DATE OF DEATH	3/13/51	
	Baltimore	City, Maryland			4. USUAL RESID	ENCE (Where deceased lived B. COUNT)		
	FULL NAME	OF (If not in hospit	al or instituti	on, give street address o location		*		
	STITUTION	umir.	Hos	f.	Ba	(If outside corporate)	limits, write RURAL and give township)	
	ength of s	tay in Baltimore		Yrs. Mos. Days	b. STREET ADDR	ESS (If rural, give location	ayelle Me	
5.	SEX	6. COLOR OR RACE	7 SINGLE WIDOW	. MARRIED. ED, DIVORCED (Specify	8. DATE OF BIRTI		Months Days Hours Min.	
1 C	k done during most.	CUPATION Give kind of of working life, even if retired)	108, KIND	OF BUSINESS OR	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF WHAT GOUNTRY?	
13	FATHER'S	NAME			14. MOTHER'S NA			
ration	- 000	ide me	ans		Bea	Aure Kel	long	
15 (Ye	S. WAS DECEAS a, no or unknown)	ED EVER IN U.S. ARME! (If year give war or date	FORCES? s nf service)	16. SOCIAL SECURITY NO.	17. INFORMANT Beatrice	. Kellam	ADDRESS Nally	
	18. 4	42X.		CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEAS	E OR CONDITION		,			DEATH	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
	injury or complication which caused death.) DUE TO							
-		ANTECEDENT CAUS	ES	7/	- 6. Ve-	in (1) 0,		
O	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	(B)	11000	in C.V. des		
CAT	UNDERLY	HE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	(C) CA	1. glon	unlo scle	uses	
TIF		11						
ERT	TRIBUTING	GIGNIFICANT CONDI	NOT RELATE	D				
U		F OPERATION		FINDINGS OF OPE	RATION		20. AUTOPSY?	
CAL							YES NO	
EDIC	21A. ACCIE LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., irm, factory, street, office bldg.			ity, give exact location)	
Σ	21b. TIME	(Month) (Day) (Year)	(Hour) 2	TE. INJURY OCCURE	ED 21F. HOW DID	INJURY OCCUR?		
	F INJURY			HILE AT NOT WHILE				
	22. I hereb	y certify that I att		deceased from 1	-5- 195	1/to 3-13,1	95 , that I last saw the	
4	deceased a	live on 3-13	. 195-1.	and that death occu	rred at 2 Pm.		on the date stated above.	
	23A. SIGNA	Luzin	. 7/		23B. ADDRESS	r. Hoop.	3-/3-51	
7/C	AA. BURIAL, ON BEMOVAL (S	specify)	16,1957	Redhill (emely	Keller,	own, or county) (State)	
D.L.	AR1 419		S SENATIV	things, Atris 1	25. FUNERAL DIR	Thomas	accomae. V?	
-111	VO 150	787	19.5	·	17			



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) JYDLS 11 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF Of not in hospital or institution, give street address or HOSPITAL OR location) HOSPITAL C. CITY OR (If outside corporate limits, write RURAL and give Yrs. (If rural, give location) D. STREET ADDRESS Mos. Length of stay in Baltimore auman Days 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE DATE OF 9. AGE (In years | If Under I Year last birthday) | Months: Days | Hours: Min. mala 140. Dreun-10A. USUAL OCCUPATION (Givekind of 11/BIRTHPLACE (State or foreign country) TOBAKIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) + INDUSTRY WHAT COUNTRY? 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (1f yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURIT CAUSE OF DEATH INTERVAL BETWEEN 18. OOVX ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) Ē OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY YES 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS

about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB. 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED DF INJURY WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Isspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses \(\), accident \(\), suicide \(\), homicide \(\), undetermined \(\). 23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER

MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c NAME OF CEMETERY OF CREMATORY | 24d. LOCATION (City, town, or county) ZAB. DATE Bureal 25 FUNERAL DIRECTOR

DATE RECEIVED BY REGISTRAR'S SIGNATURE

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ADDRESS

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million Brown

16 Millian Colorell

17-11-5.

To Kilmai Tommer Es

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18-11-57

FUNERAL DIRECTOR

ADDRESS

VS 150

LOCAL REGISTRAR

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH Marc 3. PLACE OF DEATH: 4. USUAL RESIDENCE Where deceased lived, If institution : residence A. Baltimore City, Maryland STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. (If rural, give location) Mos. igth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (in years | Monder | Year | Il Under 24 Hours | Months | Days | Hours | Min. marriedo 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR ACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY n queler 10 mo popula 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or uak aown) (1f yes, give war or dates of service) SECURITY NO 5-05-596 INTERVAL BETWEEN 18. CAUSE OF DEATH 1201 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY thrombosis LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Generalised Arteriosclerosis ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш THE DISEASE DR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT DICAL 218, PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? E INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 11-25 1947 to 3-10-, 19.5%, that I last saw the 1951, and that death occurred at 1 45A m., from the causes and on the date stated above. deecased alive on 3-10-23A. SIGNATURE 238 ADDRESS 23c. DATE SIGNED nul 3-13-51 24A. BURIAL, CREMA-124c. NAME OF CEMSTERY OR CREMATORY 24D. LOCATION (City, town, or county) TION REMOVAL (Specify DATE RECEIVED BY ADDRESS FUNERAL DIRECTOR

VS 150

1 Centucky and 940

7 1950 Landy They will be a to Comment of the Samuel Comment

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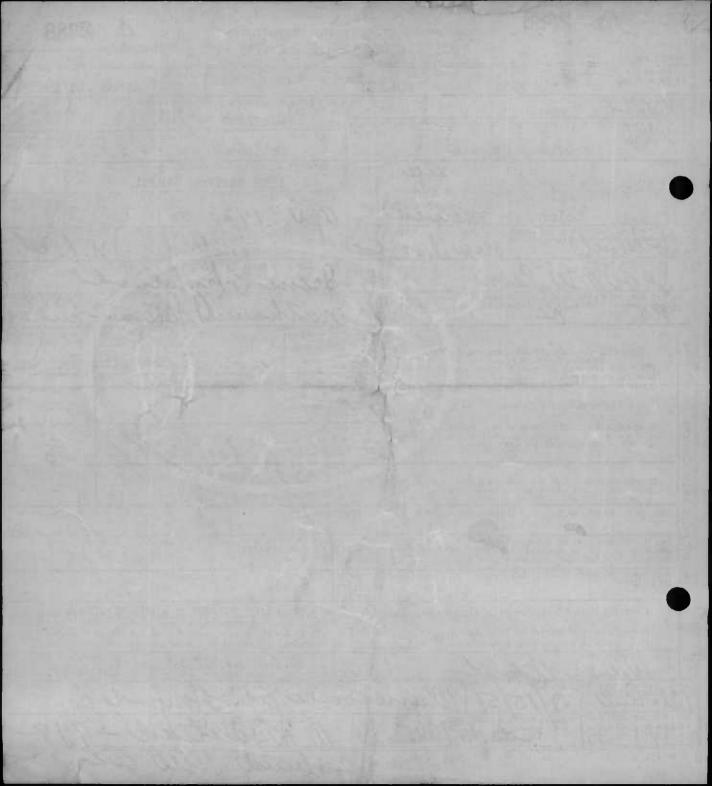
BALTIMORE CITY HEALTH DEPARTMENT	
BIRTH NO. CERTIFICATE OF DEATH Registered No.	
1. NAME OF DECEASED (Type or Print) PETER (ALKOWSKI) 2. DATE OF 3/11/5-/ DEATH	
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTO. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence and the second state of the second state o	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) C. CITY OR TOWN (If outside corporate limits, write RURAL and	,
Ul ST. VOSEPH'S HOSP BALTO. 27-01 town	nship)
ength of stay in Baltimore Just Mos. Days 2848. KENTUCKY AVE	
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. W/DOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years H Under It U	Hous Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY WHAT COUNTRY	TRY
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
(5) WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL (Yes, no or unlindwn) (If yes, give war or dates of service) SECURITY NO SECURITY	D
(Yes, no or unlindwn) (If yes, give war or dates of service) 2/2-01-7438 Jans Helen Kalk owski- Centucky and	حسرا
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	WEEN
injury or complication which caused death.) DUE TO	
Anlastic anomia probably due to	
Diseases or conditions. If any, giving Rise to the above cause (A) stating the UnderLying Condition Last. (B) April 10 Artificial Probabily the Cover of Co)
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS	Y 7
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 1 YING OR CONTRIBUTION about home farm factory street office hidg. etc.) 1 NJURY OCCUR?	o X
CAUSE OF DEATH	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from Feb. 19, 195, to Mar. 11, 195, that I last saw	. 41.
deceased alive on Mer. 11, 1951. and that death occurred at 6:45 f.m., from the causes and on the date stated ab	bove.
23A. SIGNATURE 23A. SIGNATURE 23C. DATE SIGN	NED
24A. BURIAL, CREMA- 24B. DATE 24G. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (St.	sate)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 125. FUNERAL DIRECTOR ADDRESS	
MAPI 41951 + the tor Williams 12 2 8 Am + Sor	
vs 150	U
55E-8	

See Document File 51- 2387 3/20/51 ES

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Negistered No.

BI	RTH NO.						
	NAME OF D ype or Print)		LARY	HOLLAND		2. DATE OF DEATH Marc	h 12, 1951
Α.		City, Maryland			4. USUAL RESIDENCE (WA STATE Maryland	here deceased lived. If	institution: residence before admission)
	FULL NAME OSPITAL OR	OF f not in hosp	ital or institut	tion, give street address or location)		autaida componeta limit	THE PARTY AND A PA
1N	STITUTION	Provident	Hospita		Baltimore	7-0	s, write RURAL and give township)
				tele Yrs.	D. STREET ADDRESS (if	rural, give location)	
	Length of s	tay in Baltimore		Mos. Days	1514 Madi:	son Street	
	SEX	6. COLOR OR RACI		E, MARRIED	8. DATE OF BIRTH		Under 1 Year If Under 24 Hours
	Female	Colored		VED, DIVORGED (Specify)	aby ? 1923	27	nths Days Hours Min.
10		CUPATION (Give kind of working life, even if retire	of 108. KINE		11. IRTHPLACE (State or io	preign country)	12. CITIZEN OF
2	your	ne	" olen	Homestry	me	D.	M. P. COLLY
	June 1	w Will	ion		orene of	ighlar	e
(Ye	, was decease , nor unknown)	O EVER IN U. S. ARM		16. SOCIAL SECURITY NO.	nathanel	& Sullevan	J-news. ac
	18. 00	γ×		CAUSE	OF DEATH	74000	INTERVAL BETWEEN
		SE OR CONDITION	DIRECTLY		OI DEATH		ONSET AND DEATH
		LEADING TO DE not mean the mode	ATH	Parlmor	nary tuberculosis	with cavitat	ion
	heart failu	re, asthonia, etc. It m	eans the diseas	P	right upper lobe	********************************	*******
	mjury or	complication which	eaused death	r) RASCLEX OI.	right upper 100e		
		ANTECEDENT CAL	JSES				
Z	DISEASES	OR CONDITIONS,	IF ANY, GIVIN	(B)	***************************************	***************************************	
15	RISE TO T	HE ABOVE CAUSE (A) STATING TH	HE DUE TO			
A				(C)		******	
ERTIFICATION							
E		IGNIFICANT CONT					
		SEASE OR CONDITIO					
U	19A. DATE O	F OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
7		0					YES NO X
EDICAL	UNDERLYING	NAL CAUSE WAS G OR CONTRIB CAUSE OF DEATH	about home, f	ACE OF INJURY (e. g., in arm, factory, street, office bldg., e		f in Baltimore City, g	ive exact location)
Σ	21D. TIME (Month) (Day) (Yea	r) (Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY		m.	WHILE AT NOT WHILE			
	22 I contit	En that I took . L.			bove, held an Inspecti	on & Inquiry	
					Autopsy, I	aspection or Inquiry	
	and dec	ath in my opinion	y said Auto 1 resulted f	rom: natural causes	nquiry, find that said de	ceased died on th \square , homicide \square , u	ndetermined [.
	23A. SIGNAT	liam 1/2	with		23B. CHIEF MEDICAL E ASSISTANT MEDICAL E D. MEDICAL INVESTIGATO	EXAMINER	iarch 13, 1951
29	BURIAL C	RAMA- 24B. DATE	5/5/	Clarker	rele Me.	Howwid	or county) (State)
	MARE 4	BY REGISTRAF	S SIGNATU	Milians Re	25. FUNERAL DIRECTOR	tead-	ADDRESS 18-
	S 151	1,42	19 6		11 11	11:16 0	
		10.00	N	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	kluid à	the a	138



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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Ŀ	BIRTH NO.		CER	HIFICATE	OF DEATH	itegistered i	
=	1. NAME OF D (Type or Print)	DECEASED	CATHERINE	FLOWER	₹\$	2. DATE OF March	1 12, 1951
	3. PLACE OF E	City, Maryland		A	. usual residence state Maryland		
11	B. FULL NAME HOSPITAL OR INSTITUTION		oital or institution, give	location) c			ts, write RURAL and give
(stay in Baltimore	19	Yrs. Mos. Days	street address (
	5. sex Female	6. Color or RAC Colored	THE DIV	ORCEO (specify)	Lug-12 192	last birthday) M	M Under 1 Year Onths Days Hours Min.
	2/90 WW		of 10B. KIND OF BU	SINESS OR INDUSTRY	BIRTHPLAGE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
	Will	can W	aller	1.	MOTHER'S MAIDEN	Fill	
(15. WAS DECEAS Yes, no or onknown)	ED EVER IN U. S. ARM		CURITY NO.	INFORMANT J	lowers -3	Fillmer Rd
	(This doe heart fails	SE OR CONDITION LEADING TO DE s not mean the mod ure, asthenia, etc. It no complication which	ATH e of dying, e. g., (leans the disease, caused death.)	CAUSE OF A) Mycosis	fungoides		INTERVAL BETWEEN ONSET AND DEATH
ACIDITO	RISE TO UNDERL	ANTECEDENT CA	, IF ANY, GIVING , A) STATING THE DU LAST.	Exfoliate To	CERTIFICAT	ST. MEDICAL EXAMINER.	0.
	TO THE D	G TO THE DEATH, BUDISEASE OR CONDITI		IGS OF OPERAT	ION	re seg	20. AUTOPSY?
4 CICI	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)	218. PLACE OF about home, farm, factor	NJURY (e.g., in or y,street,office bldg.,etc.)	21c. WHERE DID INJURY OCCUR?	(If in Baltimore City,	yes X NO give exact location)
	S	(Month) (Day) (Yea	m. 21E. INJ	NOT WHILE	21F, HOW DID INJU		
	deceased a	live on dug	ttended the decease, 1935 and tha	t death occurred	, 19_5,00 d at 8:28 m., from ADDRESSOU N. AS Hopkins Hos	the causes and on t	o, that I last saw the he date stated above 23C. DATE SIGNED March 13,195
-		CREMA-124B. VATE			OR CREMATORY 24D.		
	DATE RECIVE		R'S SIGNATURE	(AC) 2	12 at tell	tead -	ADDRESS
	VS 150		arren istel	7 -4.	herrid	Still O	w, 43

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DATE RECEIVED BY

BURIAL CREMA-

24B. DAT

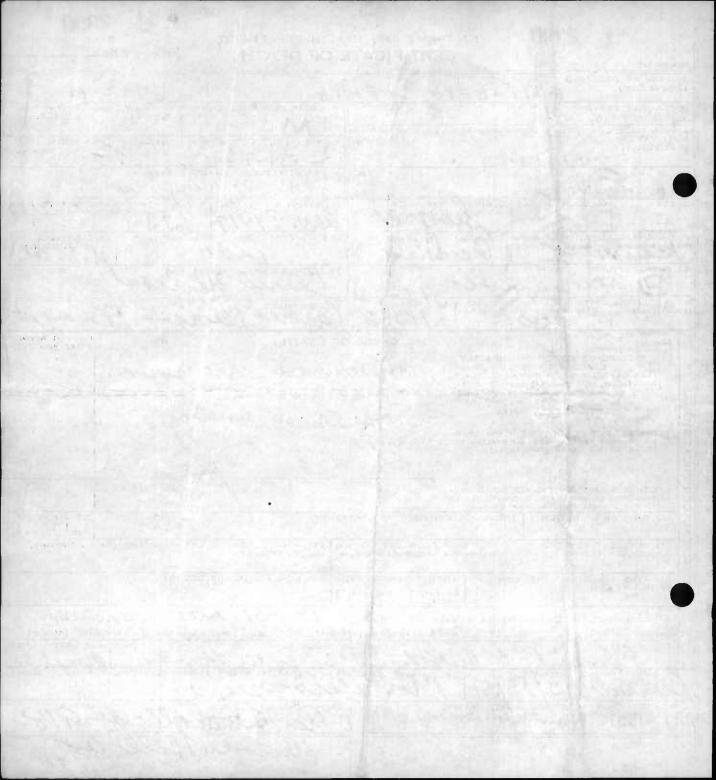
REGISTRAR'S SIGNATURE

6438c

CEMETER'S OR CREMATORY

phil Itill and

V24D. LOCATION (City, town, or county)



7456 2391

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51	2391
1 1 16	Tell Self selfer

BIRTH NO. CERTIFICA	TE OF DEATH Registered No					
1. NAME OF DECEASED (Type or Print) HOWARD R. BEAL	2. DATE OF 3 / 13 /51					
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence					
B. FULL NAME OF (If not in hospital or institution, give street address						
HOSPITAL OR INSTITUTION 3323 St Paul St. Iocatio	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
Yrs						
Length of stay in Baltimore Day	18 3323 St Caul St.					
male White massed (Speci	8. DATE OF BIRTH 9. AGE (In years of Under 1 Year Months Days Hours Min.					
10A. USUAL OCCUPATION (Give kind of No. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF					
- Real Estate	mol. WHAT COUNTRY?					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
15 Was DECEASED Sumuel Bealmear.	Adelaide Rayme					
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS					
	leplois W. Bealmean 3323 Stoad St.					
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	essinger bladle ?					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	you					
ANTECEDENT CAUSES						
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
UNDERLYING CONDITION LAST.						
(c)						
OTHER SIGNIFICANT CONDITIONS CON-						
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. MAJOR FINDINGS, OF OP	ma sk. cell luge bladder 17 12					
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g. about home, farm, factory, street, office bld,	, in or 21c. WHERE DID (If In Baltimore City, give exact location)					
Σ CAOSE OF BEATH						
21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCUR						
m. WORK AT WOR	K 🔲					
22. I hereby certify that I attended the deceased from	No V 21, 1950 to Mar 12, 1957, that I last saw the					
	urred at Z. 6 Am., from the causes and on the date stated above,					
Jonly. Janson	11 Echose St Sun 14.19c					
24A. BURIAL, CREMA: 24B. DATE TION, REMOVAL (Specify)	TERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
Burge 3/15/51 Laudon	Bark Frederick fre.					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS					
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2	525	51 2000			
	51 2392 BALTIMORE CITY HEALTH DEPA				
	BIRTH NO.	117			
	1. NAME OF DECEASED (Type or Print) MARTIN L. DINS MORE.	2. DATE OF 3/13/51			
	3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE	IDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)			
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	mol			
1 y .	INSTITUTION 1102 W. 40 th St. Balto	township)			
CETO	· · · · · · · · · · · · · · · · · · ·	PRESS (If rural, give location) 7. 40 th St. 3-07			
ana	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIS	8. DATE OF BIRTH 9. AGE (in years if Under I Year in Under 24 Hours last birthday) Months; Days Hours; Min.			
7.7		Now10, 1888 62 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF			
Clear	10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) Plumber Plumber	E (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
1111	13. FATHER'S NAME	MAIDEN NAME			
nen	Aluin Dinsmore Ellen	Suman.			
70	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT	ADDRESS			
2003	- 217-07-0263 mary R.	Dimmore 1102 W. 40 the St			
202	18. 470./	INTERVAL BETWEEN ONSET AND DEATH			
2112	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	The first 1112			
2	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	(Wom our / 177			
-	injury or complication which caused death.) DUE TO	5			
201	Z ANTECEDENT CAUSES	Intery Vis			
Dr.C	O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO				
	UNDERLYING CONDITION LAST.				
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-				
	OTHER SIGNIFICANT CONDITIONS CON-				
	TO THE DISEASE OR CONDITION CAUSING IT.				
	198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
	21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e. g., in or 21c. WHERE LYING OR CONTRIBUTING about home, ferm, factory, etreet, office bldg., etc.) INJURY OCCUPANTION OF DEATH				
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW D	ID INJURY OCCUR?			
	m. WHILE AT NOT WHILE AT WORK AT WORK				
Н	20	51, to Mar 13, 1951, that I last saw the			
	deceased alive on 1101, 19 57, and that death occurred at	m., from the causes and on the date stated above.			
	23A. SIGNATURE 23B. ADDRESS	Followd. 23c. DATE SIGNED			
0	24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATOF	RY 24D. LOCATION (City, town, or county) (State)			
ì	Bural 3/16/5) measlowredge	Elkridge, mol			
	DATE RECEIVED BY REGISTRAR'S SIGNATURE 5. FUNERAL D				
-	VS 150	renower of 5610-17 Co pealined see.			
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LANGE PROPERTY BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in bospital or institution, give street address or B FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN POERS HOPKIRS EUSPITE INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years AGE (In years if Under 1 Year if Under 24 fluers last birthday) Months: Days Hours: Min. WIDOWED DIVORCED (Specify) KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of) 10B. 11. BIRTHPLACE (State or foreign country) I 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY LABORER RUPRD 13. EATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or nanown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or na nown) SECURITY NO MAS HORKINS ROS -12-8589 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Bullous Emphysema LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) EDI HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK L 22. I hereby certify that I attended the deceased from 2 - 11 -. 1951, that I last saw the , 195/ to 3 - 13-1951, and that death occurred at 6:50 m., from the causes and on the date stated above. deceased alive on 3 - 19-23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED BURIAL, CREMA- 24B. DATE DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR 4195

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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) 411111 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OF TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Leverna Yrs. D. STREET ADDRESS (If rural, give location) Mos ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE MARRIED. B. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. ingle 14 10A. USUAL OCCUPATION (Givekindel 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country). 12. CITIZEN OF work done during meet of working life, even if retired) WHAT COUNTRY INDUSTRY Inde 13. FATHER'S NAME 14. MOTHER'S MANDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, pe or unknown) (If yee, give wer or getes of service) 16, SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO 18. INTERVAL BETWEEN 204, CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) FA 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, form, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 195/ to , 1951, that I last saw the , 1951, and that death occurred at 1119 deceased alive on 3 A.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 13/5 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) BULLA lawn

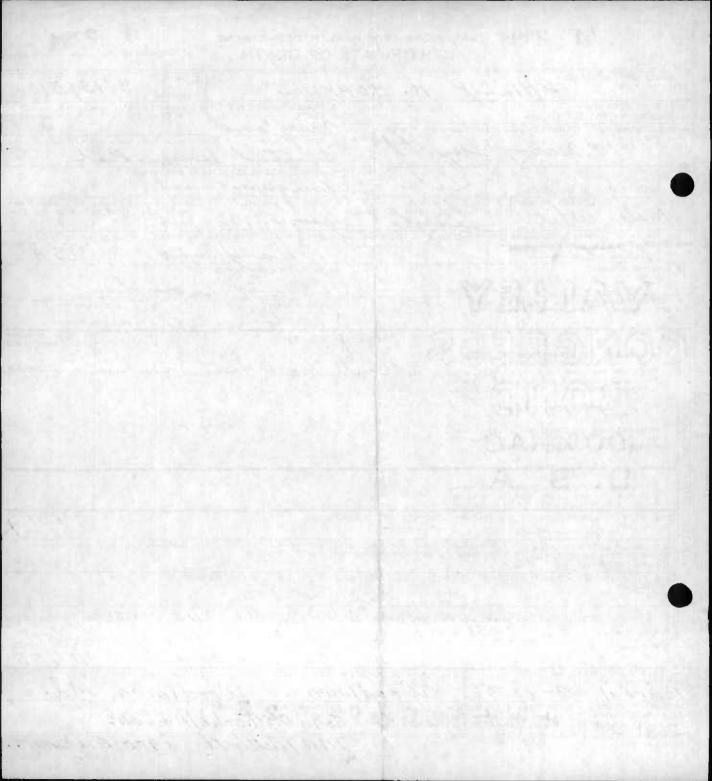
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2395 Registered No.

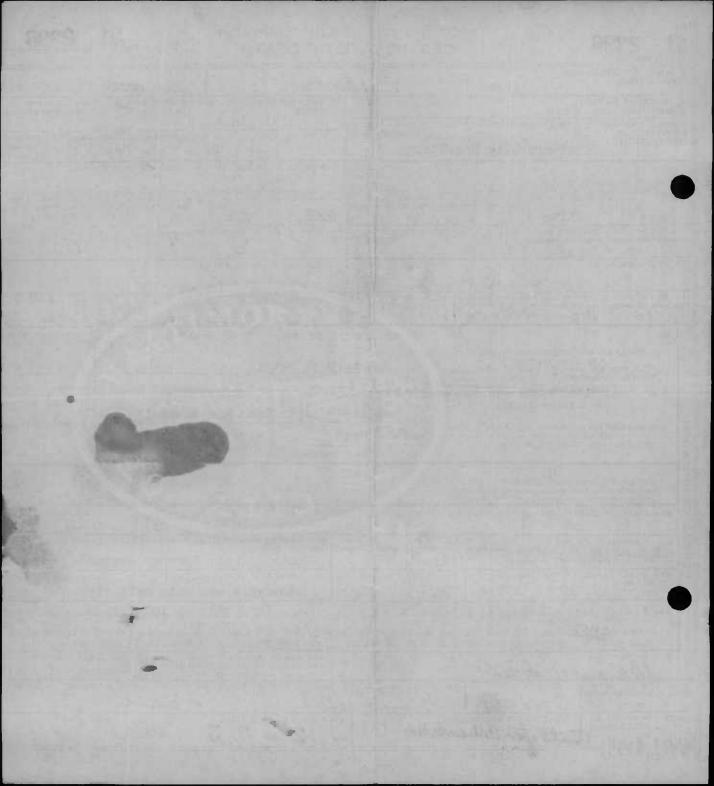
BIF	RTH NO.								
	NAME OF D	ECEASED				2. DATE			
		ALF	RED W.	KAISER		OF DEATH I	Mar. 13, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland					A. STATE	NCE (Where deceased lived B. COUNTY	i. If institution; residence		
B. FULL NAME OF (If not in hospital or institution, give street address or					1910				
HOSPITAL OR INSTITUTION 614 N. Howard St.					C. CITY OR TOWN	//	imits, write RURAL and give township		
0	9				Baltimore				
				Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
		tay in Baltimore		Days	614 N. Ho				
	SEX	6. COLOR OR RACE	WIDOV	E. MARRIED. VED. DIVORCED (Specify)	8. DATE OF BIRTH	l last birthday)	Months: Days Hours Min.		
-	ale	white		lowed	May 14, 187				
work	. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY		
		ed salesman	?		Maryland		A Secretary of the second		
13.	FATHER'S	VAME			14. MOTHER'S MAI	DEN NAME			
	066/	John John	G. Kai	ser	tstatchiototal	Caroline			
15.	WAS DECEASI	ED EVER IN U.S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS		
n		(** 000) 8000	or sorrice)	SECURITY NO.	Mr. Wm. C.	Kaiser - 3019	Glenmore Ave.		
	18.	1		CALISE	OF DEATH		INTERVAL BETWEEN		
	4	SE OR CONDITION	DIDECTIV				ONSET AND DEATH		
		LEADING TO DEA	TH	ant	enoxero	bi Heart D	in lower		
	heart failt	s not mean the mode are, asthenia, etc. It me	ans the disea	se,	***************************************		- Javas		
	injury or complication which caused death.) DUE TO								
	ANTECEDENT CAUSES								
O	DISEASES OR CONDITIONS, IF ANY, GIVING								
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ERTIFICATION	ONDERL	TING CONDITION E	A31.						
<u>L</u>		П		(C)					
2		SIGNIFICANT COND							
U U		G TO THE DEATH, BUT			***************************************				
	19A. DATE C	OF OPERATION	198. MAJOF	FINDINGS OF OPER	RATION		20. AUTOPSY?		
K.							YES NO		
EDICA	21A, ACCIDE HOMICIDE	ENT, SUICIDE. (Specify)	218. PL about home,	ACE OF INJURY (e. g., i farm,factory,street,office bldg.,	n or 21c. WHERE DI etc.) INJURY OCCUR		ty, give exact location)		
Σ.	215 TIME	(Month) (Day) (Year) (Hown)	21E. INJURY OCCURR	ED 315 HOW DID	INJURY OCCUR?			
	F INJURY	(Month) (Day) (lear) (Hour)	WHILE AT NOT WHILE		INSORT OCCUR!			
h.			m.	WORK AT WORK					
	22. I hereby certify that I attended the deceased from 9 , 1949 to 3 13 , 195/that I last saw the								
	deceased a	live on 3 5	19_51.	and that death occur	rred at 12 m.,	from the causes and o	n the date stated above		
	23A. SIGNA	TURE	. 1	2		225 Jan 25	23c. DATE SIGNED		
		200 8	mod	М. D.	4-14 P.	Distributed 31	19 (2) [2]		
24. TIO	A. BURIAL. N. REMOVAL (S Burial	CREMA 24B. DATE	, , ,	24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, to	own, or county) (State)		
	Burial	3/15/	51	Loudon Park		Balto. Md.	0		
	TE RECEIVE		'S SIGNAT	TAGE I CO	25 FUNERAL DIRE	Cros V	ADDRESS		
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2	1 23	96	BA		EALTH DEPART		Registere	51 /	3398
	IRTH NO.			CERTIFICAT	E OF DEAT	П	registere		
1. (7	NAME OF E		FRANK	DINK	LOCKER		OF ME	arch 13,	1951
	Baltimore	City, Maryland		1	4. USUAL RESIDE	ENCE (Where		d. If institution bef	: residence fore admission
	FULL NAME OSPITAL OR	OF i not in hos	pital or institu	ition, give street address of	-	ginia	du nomonato l	imits, write RI	TYNA Y 1 *
11	NSTITUTION	Baltimore	City Ho	spital		t Lee	ue corporate i	innis, write Ri	township
	Length of s	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRE	ESS (If rural,	give location)	
	SEX	6. COLOR OR RAC		E, MARRIED. WED, DIVORCED (Specify	8. DATE OF BIRTH		AGE (In years	Months: Days	If Under 24 Hours
	Male	White	5	INGLE	the !	926	24	months: Days	nours Min.
10 wor	A. USUAL OC	CCUPATION (Give kind of working life, even if retire	of 10B. KIN	D OF BUSINESS OR INDUSTR	11. BIRTHPLACE (S		country)	12. CITI	ZEN OF
13	B. FATHER'S	NAME	1	Conso	14. MOTHER'S MA			1	.0.77
	E	relej D-	mkel	incher	Clare	Cla	mui		
	5. WAS DECEAS	ED EVER IN U. S. ARM		16. SOCIAL SECURITY NO.	17. INFORMANT			APDRESS	R.C.
	YES	VEC - 19	44 - MAR	13, 1950	(laca)	Linkelo	ohn I	chientes	ille &
	18. E8	15.4		CAUSE	OF DEATH			INTER	T AND DEATH
	DISEASE OR CONDITION DIRECTLY								
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
z	ANTECEDENT CAUSES (B) Multiple contusions and lacerations of DISEASES OR CONDITIONS, IF ANY, GIVING								
NOIF	RISE TO THE ABOVE CAUSE (A) STATING THE DURY head UNDERLYING CONDITION LAST.								
CA				(C)					
RTIFI	OTHER S	II SIGNIFICANT CON	DITIONS CO	on -			40	100	
Ш		G TO THE DEATH, BUDISEASE OR CONDITION							
LC	19A. DATE C	OF OPERATION	R FINDINGS OF OPE	RATION			20.	AUTOPSY7	
EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB. 21B. PLACE OF INJURY (e.g., in about home, farm, factory, etreet, office bidg., e				etc.) INJURY OCCUI	R?		ty, give exact	7.000
MEI	UTING CAUSE OF DEATH. Street 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR				Route 40 near Kreuger Avenue				
	of INJURY March	13, 1951 1	′ ′ ′	WHILE AT NOT WHILE AT WORK	Matanarra	cle and a		lision	199
				remains described					n and from
	the ev	idence obtained b	y said Aut	opsy, Inspection or from: natural cause	Inquiry, find that	Autopsy, Inspects said deceas	etion or Inqui	iry the day st	tated above
	23A, SIGNA		To all the same of	jrom. navarat cause	23B. CHIEF ME	DICAL EXAM	INER	23c. DATE S	
_	Will	cam U Coc	14/6		ASSISTANT ME MEDICAL INVE	STIGATOR			13, 1951
	ON, REMOVAL (S		1-57	24C. NAME OF CEMET	ERY OR CREMATORY	240. LOCAT		wn, or county)	(State)
	ATE RECEIVE		R'S SIGNAT	URE	25. FUNERAL DIRE	ECTOR	on	ADDRES	S
W	RI 410	Thutte	m/hh	with the	Filly is	Pull .	403	8. Wo	284/
l. A	8, 121	803.2	1 3 4 1 5 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	690	24	-		170c	/

happrent. Institute, prease write the causes of death clearly and legibly,

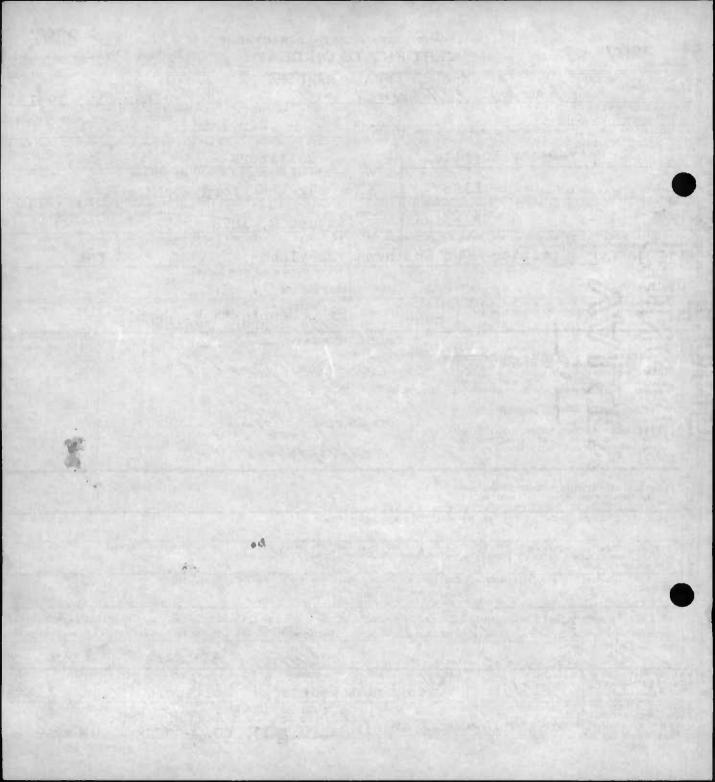


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BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT

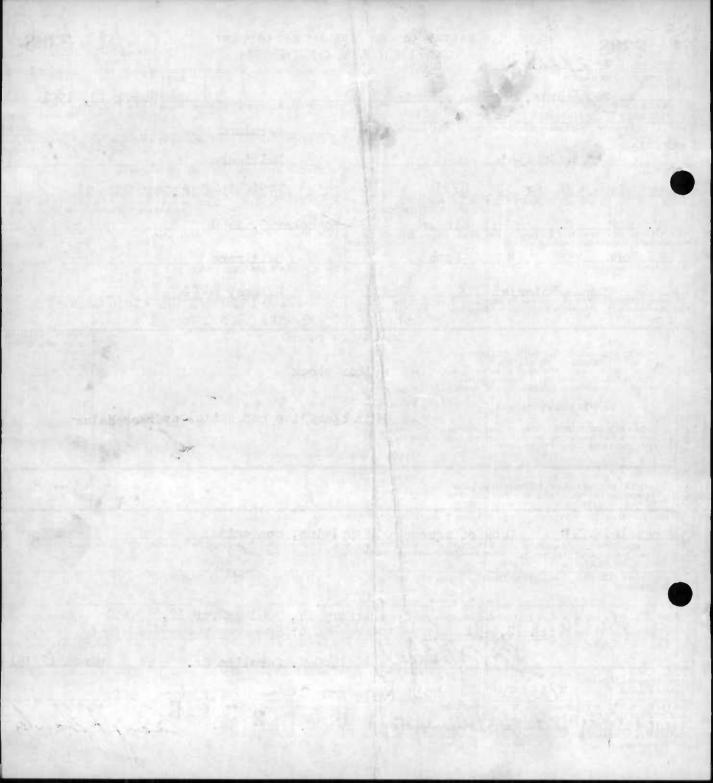
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B	RTH NO.			CERTIFICAT	E OF DEATH	Registered	110
1.	NAME OF D	ECEASED /	/ CH	ARLES EDWAR	D MAGUIRE	2. DATE	
(1	'ype or Print)	(hAr	les 1	MAGUINE		OF DEATH Mar	12 1051
	PLACE OF D	EATH:			4. USUAL RESIDENCE	Where deceased lived, 1	
	FULL NAME	City, Maryland	tal or institut	tion, give street address or	A. STATE Maryl	and B. COUNTY	before admission)
H	SPITAL OR			location)		If outside corporate lim	its, write RURAL and give
2	STITUTION	Universit	y Hosp	ital	Baltimore	X-	township)
				Yrs.	o. STREET ADDRESS (I	f rural, give location)	
	ength of s	tay in Baltimore	Li	fe Mos.	23271 Harfo		
5.	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	II Under 1 Year If Under 24 Hours
1	M	W	WIDOV	VED DIVORCÉD (Specify) Pried	August 2, 187	last birthday) [N	lonths Days Hours Min.
10	A. USUAL OC	CUPATION (Givekindo	I 108 KINI		11. BIRTHPLACE (State or		1 12. CITIZEN OF
Mot	dooe during most o	ger & pain	3	INDUSTRY		-oreign country)	WHAT COUNTRY?
-	FATHER'S		der. O	wn Business	Maryland		USA
					14. MOTHER'S MAIDEN I	NAME	
1	John Mag				Barbara ?		
No	, no or uekeewo)	ED EVER IN U. S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO. NONE	Mrs Henriett	a V. Magui:	address re
	18. 52	47 1		CALISE	OF DEATH	Avenue	INTERVAL BETWEEN
		SE OR CONDITION	DIRECTLY		o. DEATH		ONSET AND DEATH
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	heart failu	re, asthenia, etc. It me:	ans the diseas	se,			
	injury or	complication which	caused death	.) OUE TO			
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TION	DISEASES	OR CONDITIONS,	F ANY, GIVI	(B)	ngugsy	•••••••••	
E	RISE TO T	HE ABOVE CAUSE (A)	STATING TI	HE OUE TO			
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RTI		IGNIFICANT COND					
CE		TO THE OEATH, BUT					
	19A. DATE O	F OPERATION O	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
A							YES NO
EDICA	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER-		ACE OF INJURY (e. g., farm, factory, street, office bldg.,		(If in Baltimore City,	give exact location)
Σ		(Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUF	RY OCCUR?	
	OF INJURY			WHILE AT NOT WHILE			
	4		m.	WORK AT WORK			
	22. I hereb	y certify that I at	tended the	deceased from 2	7 3 , 1957, to_	3-12,190	that I last saw the
			_, 195		rred at 439, R., from	the causes and on	the date stated above.
	23A. SIGNAT	PARE S	01		23B. ADDRESS	blan b	250 DATE SIGNED
- 2	DIMOTAL C	· offan	Reli	M. D.		1027	12.21
TI	Burial S	REMA- 24B. DATE		24C NAME OF CEMETE		LOCATION (City, tow	
						altimore, l	Md.
	ATE RECEIVED		S SIGNATU	JRE	HENRY SANDER	& SONS, IN	ADDRESS
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				Ly of other	7		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 50-28264 I. NAME OF DECEASED 2. DATE (Type or Print) 3. PLACE OF DEATH: Roberts, Charles Francis DEATHMARCH 12 1951
4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or c. CITY OR TOWN HOSPITAL OR (If outside corporate limits, write RUBAL and give St. Joseph's Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. length of stay in Baltimore 1324 N. Chester Street Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years Monder I Year Munder 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) November 3, 1950 Single 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY USA WHAT COUNTRY? None None Raltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ellamay Litz
17. INFORMANT 1324 N. Chesterad Street Thomas Roberts 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or onknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or onknown) SECURITY NO. Mr Thomas Roberts no none INTERVAL BETWEEN 18. 753.1 CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)Bulbar shock heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUF TO ANTECEDENT CAUSES (B) Post operative congenital hydrocephalus DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) L OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSYT March 12, 1951 Tack of aqueduct of Sylvius, congenital

| 218. PLACE OF INJURY (e.g., io or | 21c. WHERE DID (If | about home, farm, factory, atreet, office bldg., etc.) | INJURY OCCUR? 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2 IF. HOW DID INJURY OCCUR? OF INJURY WORK 22. I hereby certify that I attended the deceased from January 17, 151, towarch 12, 1951, that I last saw the deceased alive on March 12, 1951 and that death occurred at 6:15pm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE Holy Redeemer Cem. | Baltimore, Md HENRY SANDER & SONS, INC. DATE RECEIVED BY LOCAL REGISTRAR VS 150



VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

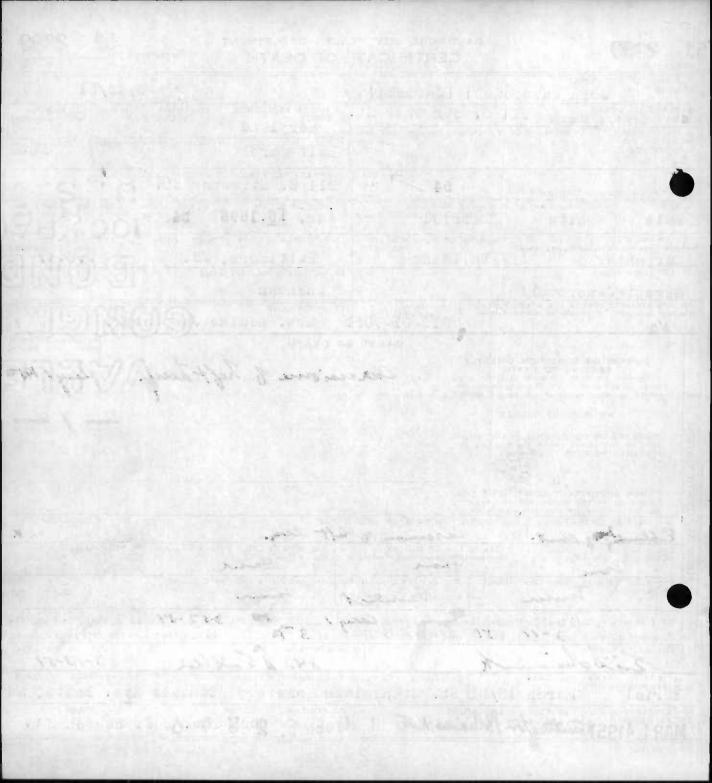
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25. FUNERAL DIRECTOR

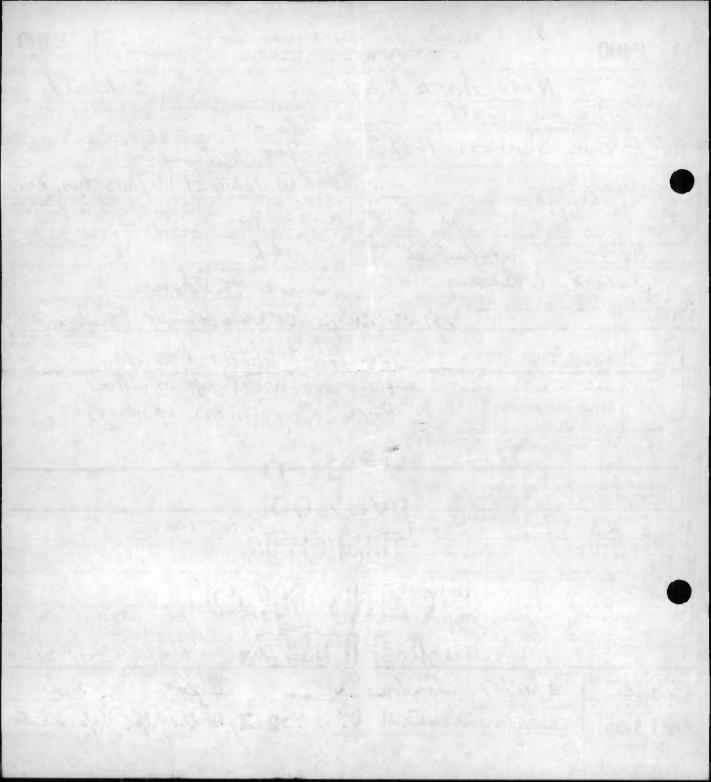
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ADDRESS

Duda Inc. 62829 Hudson St.

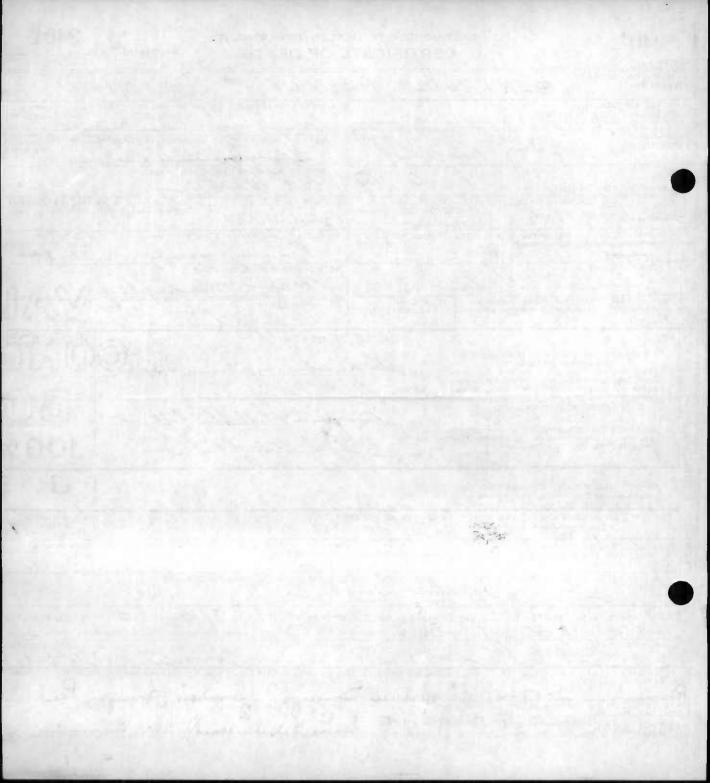


000 51 2400 BIRTH NO.	BALTIMORE CITY HE CERTIFICATI		Registered No.	2400
1. NAME OF DECEASED NY 9.	Anna Ray	/	2. DATE OF 3 -13-	-2/
a. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or in	2110	4. USUAL RESIDENCE (W.		tion : residence before admission)
HOSPITAL OR INSTITUTION BON Seco	nstitution, give street address or ocation)	c. CITY OR TOWN (If a	outside corporate limits, write	RURAL and give township)
ength of stay in Baltimore	Yrs. /- Mos. Days	506 W. Tenth	St. Wilmingt	on, Del.
5. SEX 6. COLOR OR RACE 7. S	INGLE, MARRIED, //IDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 10-22-93	9. AGE (In years Under Years Months De	
work dooe during plost of working life, even if retired)	LIND OF BUSINESS OR LINDUSTRY	11. BIRTHPLACE (State or for M.		TIZEN OF HAT COUNTRY?
Bobert IV. Bu	ssey	14. MOTHER'S MAIDEN NA	Thomas	
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, eo or ookoowe) (If yes, give war or dates of service)	vice) 16. SOCIAL SECURITY NO.	Mo Katherine	Schmick - PASSE	Eng. ml.
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.	GIVING ING THE DUE TO (C)	tinal Obstru Carcinoma.	ction due	TERVAL BETWEEN
19A. DATE OF OPERATION 19B. M	AJOR FINDINGS OF OPER		dines. 2	O. AUTOPSY?
LYING OR CONTRIBUTING About	B. PLACE OF INJURY (e. g., in thome, farm, factory, atreet, office bldg., e	or 21c. WHERE DID (If	in Baltimore City, give exa	net location)
Z. 21D. TIME (Month) (Day) (Year) (House INJURY	m. WHILE AT NOT WHILE	21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended deceased alive on 3°213, 19 23A. SIGNATURE 0. S. Q.	1. and that death occur	red at 3 3 4 m., from th	1 1 23c.	I last saw the estated above. DATE SIGNED 13-51.
24A. BURIAL, CREMA- 24B. DATE TION. REMOVAL (Specify) 3/15/5	7 1 1	RY OF CREMATORY 240. LO	CATION (City, town, or eoun	mty) (State)
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNARY MAR 1 41951	Nothing Hall	35. FUNERAL DIRECTOR	Inc. 1938 E. Laf.	ayette la
VS 150	054	-80	~	49a



CERTIFICATE OF DEATH S1 2401 Registered No.

В	IRTH NO.	L OI BEATTI
(:	NAME OF DECEASED GERTRUDE HA	EINLY 2. DATE 3/14/51
	. PLACE OF DEATH: . Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission
В.	FULL NAME OF (If not in hospital or institution, give street address or	Maryland anne arundle
	OSPITAL OR NOTITUTION (location)	C. CITTOR SOVIA (II outside corporate innits, write RURAL and gi
	1) Werry Hospital	Selen Burnel townshi
4	/ / YES	D. STREET ADDRESS (If rural, giyy location)
	Length of stay in Baltimore Days	529 Westway
5	. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (in years If Under I Year If Under 24 Hou
	Female White Widow	June 7,1884 lagt birthday) Months Days Hours Min
10	DA. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR	H. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
	INDUSTRY	Penney loania WHAT COUNTR
13	3. FATHER'S NAME	14. MOTHER'S MAPDEN NAME
	Charles Wehn	mary maleller
13	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT DDRESS
(X)	es, no nr unkoown) (If yes, give war or dates of service) SECURITY NO.	10 - 1 to the same of the same
	18. 260 X . CAUSE	OF DEATH INTERVAL BETWEE
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEAT
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	election the set of Godinia
	heart failure, asthenia, etc. It means the disease,	
н	injury or complication which caused death.) DUE TD	
-	ANTECEDENT CAUSES	-1. 4(11/+ 8.14/ A / va
0	DISEASES OR CONDITIONS, IF ANY, GIVING	you while aff for
E	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	1-1 to Mall to 12 me?
Ö	(C)	The man is a second
TIF		
田田	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NDT RELATED	
Ü	TO THE DISEASE OR CONDITION CAUSING IT.	
AL	194. DATE OF OPERATION 0 198. MAJOR FINDINGS OF OPER	
U	21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (6. g., i	YES NO in or 21c. WHERE DID (If in Baltimore City, give exact location)
EDI	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?
	F INJURY WHILE AT NOT WHILE	
	m. WORK AT WORK	
	22. I hereby certify that I attended the deceased from 7-	1951, to 3/14, 1951, that I last saw t
		rred at 5 15 m., from the causes and on the date stated abou
	23A. SIGNATURE 3 Rever, J. M. O.	Morey How III 3/14/51
2	4A. BURIAL, CREMA- 24B. DATE 24C NAME OF CEMETE	RY DR CREMATORY 24D. LOCATION (City, town, or county) (State
1	ON, REMOVAL (Specify)	8 6
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
	MAD 1 11051 Twette ton Helliams, Man	9 18000
	VS 150	Color Coler Sarafferty M. Herren
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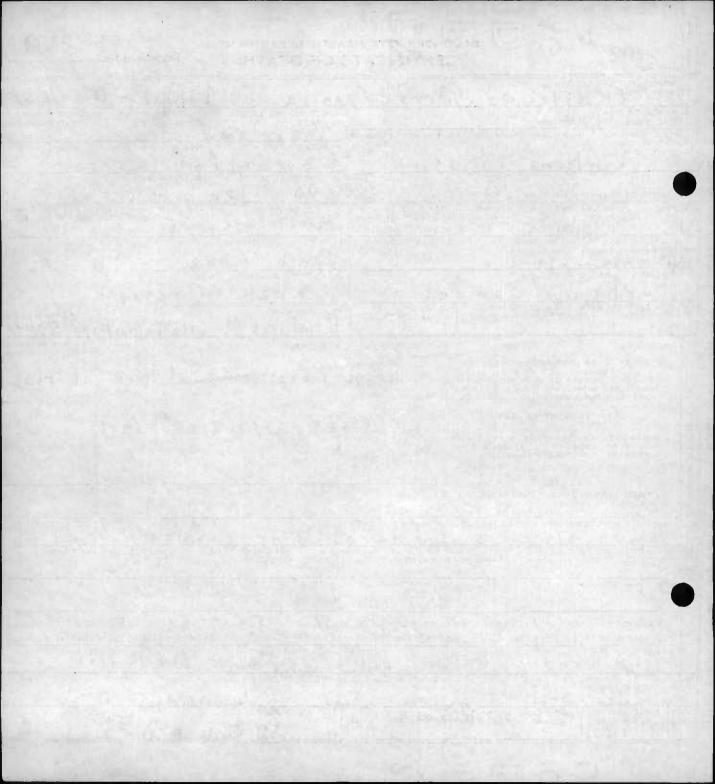


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BIRTH	1107	41	02	

BALTIMORE CITY HEALTH DEPARTMENT

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	1.2	Trans at	11/2
egistered	No.		

	CERTIFICAT	E OF DEATH	Registered No.
	Type or Print	100	2. DATE OF 12 Marc/ 57
	B. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (V	Vhere deceased lived, If institution; residence B. COUNTY before admission
11 1	S. FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION location)		outside corporate limits, write RURAL and giv
	Church Nome 1 1030.	Cambrid	o e township
	Length of stay in Baltimore 10 Mos. Days	D. STREET ADDRESS (IF	rupal, give location)
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCE (Specify) 7. SINGLE, MARRIED, WIDOWED, DIVORCE (Specify)	8. PATE OF BIRTH HUL 17, 1896	9. AGE (In years H Under 1 Year H Under 24 Hours Min
we	OA. USUAL OCCUPATION (Givekind of lob. KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or fo	WHAT COUNTRY
-	3. FATHER'S NAME	14. MOTHER'S MAIDEN N	
-	5. WAS DECEASED EWER IN U. S. ARMED FORCES? 16. SOCIAL	Sarah	Cromer
0	(lf yes, give war or dates of service) [16. SOCIAL SECURITY NO.	Phillips Mr	. Clinton (Husband) Camparid
		OF DEATH	INTERVAL BETWEE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	o Carcinom:	e of liver 6 mos
NOITAG	UNDERLYING CONDITION LAST.	xtensiony	tmetastases
PETIFIC	OTHER SIGNIFICANT CONDITIONS CON-		
1		PATION	20. AUTOPSY?
14	1000 29 6/ (2 xxxxxxxx)	5 liver 2	Extension YES NO
FDIC		n or 21c. WHERE DID (I etc.) INJURY OCCUR?	f in Baltimore City, give exact location)
M	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY m. WHILE AT NOT WHILE AT WORK		COCCUR?
	22. I hereby certify that I attended the deceased from deceased alive on 12 March, 1951, and that death occur		March, 1951, that I last saw th
	23A STGNATURE	38. ADDRESS	23c. DATE SIGNED
-	M. D. 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE ION, REMOVAL (Specify)	RY OR CREMATORY 24D, LO	OCATION (City, town, or county) (State)
-	DATE RECEIVED BY REGISTER SCIENTIFIE	5. FUNERAL DIRECTOR	Appress)
=	MAK 1 419511	Thousand Dry	2 modernation & Graph D.



BALTIMORE CITY HEALTH DEPARTMENT

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B	IRTH NO.				CERTIF	ICAT	E OF DEAT	Н	Regis	tered No.			
	NAME OF D	ECEASE	D	Annie M	. Schwei		- 17	2. DATE OF DEATH	3-	-11-5	1		
	Baltimore		arvland	Balto)	4. USUAL RESID	ENCE (W		lived. If ins	titution:	residen re admis	ce	
В.	FULL NAME OSPITAL OR NSTITUTION	OF (address or location)		(If o	outside corpora			R.A.Jan	d give
	Length of s	tay in 1	Baltimore	Life	9	Yrs. Mos. Days	D. STREET ADDRE	. Clir	ural, give loca ton Str	tion)			
5	SEX F	6.COL	OR OR RACE		E. MARRIED.	D (Specify)	8. DATE OF BIRTH	3	9. AGE (in y last kiethd	lay) Month	er l Year B Days	If Under 2 Hours	4 Hours Min.
10 wnr	DA. USUAL OC	CUPATI JUSEW!	ON (Give kind of	10B, KINI		SS OR NDUSTRY	11. BIRTHPLACE (S		reign country)	12	CITIZ	EN OF COUN	TRY
13	3. FATHER'S						14. MOTHER'S MA	IDEN NA	ME				
			llner				Anna	/					
(Ye	5. WAS DECEAS	ED EVER (If yes	IN U, S. ARMEE , give war or date	FORCES?	16. SOCIAL SECURI	TY NO.	17. INFORMANT Albert C. S	chweig	ger sam		RESS ess		
ERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	LEADII I not mee Ire, asther complice ANTECE SOR CO THE ABOV /ING CO	CONDITION NG TO DEAT an the mode o nia, etc. It mea ation which e EDENT CAUS EDENT CAUS EDENT CAUSE (A) DNDITION LA II CANT CONDITION EDENT CONDITION EDENT CONDITION EDENTH, BUT	TH f dying, e. ; ns the diseas aused death ES F ANY, GIVIN STATING TH ST. TIONS CON	(B) (C)		ouvery &			Nloc 12		195, 41	7
AL C	19A. DATE C	13.	ATION 1		FINDINGS	-	RATION	•			20. A	UTOPS	
MEDICAL	CAUSE OF	DEATH	RIBUTING	about home,	ACE OF INJUI	RY (e.g., i t, office bldg.,	or 21c. WHERE D	PID (If	in Baltimore	City, give	exact l		
	ID. TIME	(Month)	(Day) (Year)	,	WHILE AT WORK	OCCURR NOT WHILE AT WORK		INJURY	OCCUR?				
	22. I hereb deceased a 23A. SIONA	live on_	ty that I att	ended the	deceased frand that dec	ath occur	red at m. 3B. ADDRESS		e causes an	d on the		ated al	bove
24	4A. BURIAL, ON. RENOVAL	CREMA-	3-13-5				RY OR CREMATORY		CATION (Cit		county)	(St	tate)
DL	ATE RECEIVE OCAL REGIST	D BY RAR 1951	REGISTRAR'	s signati	ANA HA	1 1	125, FUNERAL DIR	EGNOR (0 403	S. Wo.	DDRESS		
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

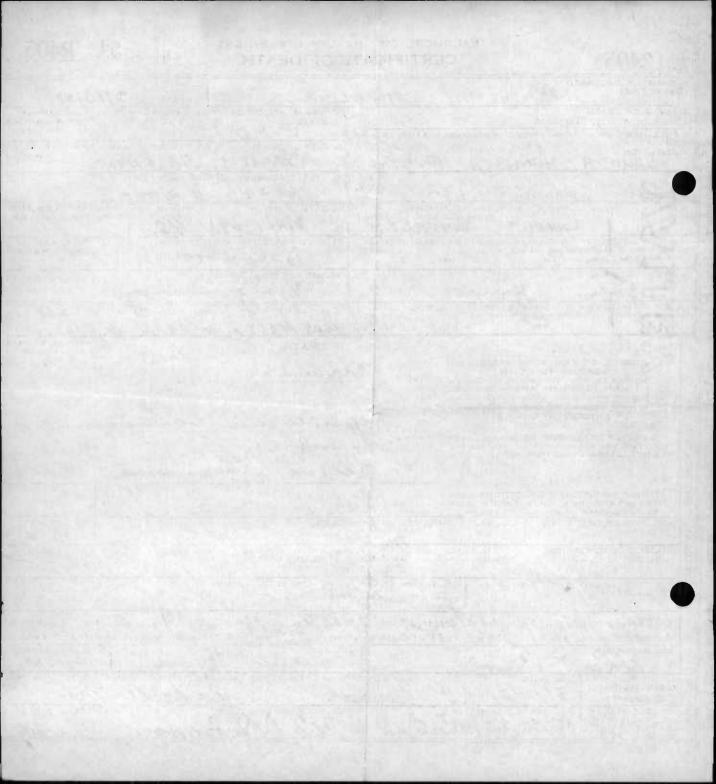
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BIRTH NO. CERTIFICA	ATE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Josephine Wai	ters Best. 2. DATE march 12, 1957.
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR locat	ss or mayland
INSTITUTION 2272 F. H.	c. CITY OR TOWN (If outside corporate limits, write RUHAI, and give township)
Lat 10. Million and	rs. D. STREET ADDRESS (If rural, give location)
anoth of star in Boltiman	los. 227 n. Fulton Over,
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	B_DATE OF BIRTH 9. AGE (In years) If Under I Year If Under 24 Hours
Finale C Married married	Dic. 27, 1909 41
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OF work done during most of working life, even if retired)	
1 Jousewife	Gelahoma. U.S. Cla
Charles Randon.	Livenia Randon.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yee, np pr unknown) (If yee, give war or dates of service) SECURITY N	17. INFORMANT ADDRESS
no	" m. James Best. 227 n. Fulton Story
18. /7/X CAUS	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	cinoma of the Certix over 6 mo
Injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
E II	
OTHER SIGNIFICANT CONDITIONS CON-	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF O	PERATION 20. AUTOPSY?
A	YES NO X
U 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office to cause of Death	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU	URRED 21F. HOW DID INJURY OCCUR?
F INJURY WHILE AT NOT W WORK AT WO	
22. I hereby certify that I attended the deceased from	
deceased alive on March 119 51 and that death o	ccurred at 2.05RM from the causes and on the date stated above.
23A, SIGNATURE, CA	23B. ADDRESS 23C. DATE SIGNED
Herter h hirsely A.D.	
TION REMOVAL (Specify)	ETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
	menuial Outritus md.,
LOCAL REGISTRAR	Mar N. T. D 3/100
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AND ADMINISTRATION OF THE PARTY 524

BALTIMORE CITY HEALTH DEPARTMENT V Paristand \$1 2405

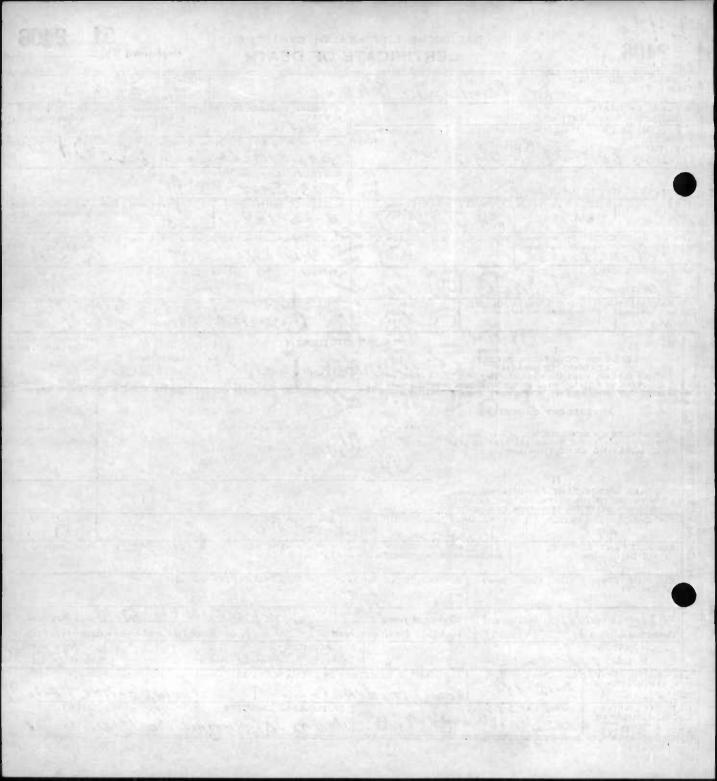
1	CERTIFICAT	E OF DEATH	Registered No.						
1.	NAME OF DECEASED ype or Print) ATHERINE 31N C	LAIR.	2. DATE 0F 3//3/3/						
3	PLACE OF DEATH:	14. USUAL RESIDENCE (
	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address of	A. STATE	B. COUNTY before admission						
H	OSPITAL OR location		f outside corporate limits, write RERAL and g						
11	CHURCH HOME & HOSPITAL.	B'CITY	BALT IMORE Catowner						
	Yrs.	O. STREET, ADDRESS (If	rural, give location)						
6	Length of stay in Baltimore Life. Mos. Days	6824.	DUNBAR.						
5	5. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify DIVOR C. E.D.)	8. DATE OF BIRTH	9. AGE (In years II Under I Year last hirthday) Months: Days Hours M						
10	A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country) 12. CITIZEN OF						
Or	Mousewaife. INDUSTRY	Doction	OFC. WHAT COUNTE						
13	FATHER'S NAME	14. MOTHER'S MAIDEN N	AME						
	Lolue Hamis.	Many	mosage						
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT	ADDRESS 20/						
I	s, no or (n/nown) (If yes, give war or dates of service) SECURITY NO.								
		OF DEATH	MORGAN N. ROLLING						
		OF DEATH	ONSET AND OF						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	traemia.							
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,								
	injury or complication which caused death.) OUE TO								
_	ANTECEDENT CAUSES / Heppertenomic Censlis Vescular								
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING								
E	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO disease. UNDERLYING CONDITION LAST.								
Ù	A CONTRACTOR OF THE PARTY OF TH	estado Las							
F	н (с)		anoprage.						
日况	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED		0						
C	TO THE DISEASE OR CONDITION CAUSING IT.								
رِ	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY						
CA	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g.,	in or 21c. WHERE DID (YES NO						
EDIC	HOMICIDE (Specify) about home, farm, factory, street, office bldg.		If in Baltimore City, give exact location)						
Ξ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21f. HOW DID INJUR	V OCCUP?						
	OF INJURY		, occor,						
	m. WORK AT WORK		3 / Al						
	22. I hereby certify that I attended the deceased from	19 to_	1957, that I last saw						
	deceased alive on 3/2, 1951, and that death occu		the causes and on the date stated abo						
	23A. SIGNATURE	23B. ADDRESS	23c. DATE SIGNE						
-	Theod Carroll M.D.	Carrier 1	Joure - 1/13/51.						
TI	DA REMOVAL (Specify)	1	OCATION (City, town, or county) (Stat						
1	sucal 3/1931 Varrivor		anner Ind						
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS 2//2						
	MAR 1 41951 " mutic for / Whates files .	Whach Olme	ed Home Quindell						
	VS 150		025						



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2406 Registered No.

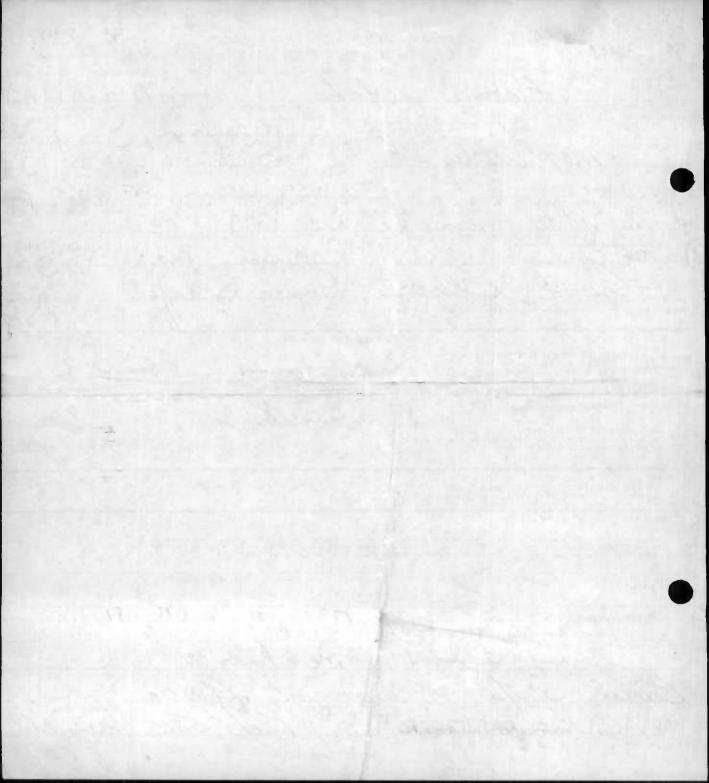
BI	RTH NO.						
	NAME OF D ype or Print)	ECEASED DV	FRANCI.	L. BA	G L 1	2. DATE OF DEATH	14.51
A.	PLACE OF D Baltimore (City, Maryland	al or institution, g	rive street address o	A. STATE	(Where deceased lived, If i	nstitution: residence before admission)
H	SPITAL OR ISTITUTION	EAST 39 ts.	BALTO.	_Md location	BALTIMOV	(If outside corporate limits	write AULAL and give township)
	ength of s	tay in Baltimore		Yrs. Mos. Days	TO SERVE		
5. M	SEX	6.COLOR OR RACE	7. SINGLE, MA WIDOWED, I MARRIA	ARRIED, DIVORCED (Specif	8. DATE OF BIRTH		Under 1 Year H Under 24 Hours this Days Hours Min.
1 C worl	done during most o	CUPATION (Give klod of of working life, even if retired) 9 L DOCTOR	10B, KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	VINCE	7 0	621		14. MOTHER'S MAIDEN	NAME	
	NAS DECEASE , no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date		SOCIAL SECURITY NO.	MRS. ELINABETH	O'C. BAGAI- VO:	DDRESS 3 E. 39 St
TION	(This does heart fallu injury or	SE OR CONDITION LEADING TO DEA' s not mean the mode of tre, astheria, etc. It mea complication which ANTECEDENT CAUS	f dying, e.g., ns the disease, aused death.) ES F ANY, GIVING	(A) Car	OF DEATH Cyrioma of	Prostate	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICAT	OTHER S	HE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDI S TO THE DEATH, BUT SISSASE OR CONDITION	TIONS CON- NOT RELATED CAUSING IT.	(C)			
EDICAL		PF OPERATION 1 ENT. SUICIDE, (Specify)		OF INJURY (e. k., actory, street, office bldg		(If in Baltimore City, gi	YES NO Dive exact location)
N	210. TIME	(Month) (Dny) (Year)	(Hour) 21E. WHILE MOR		Control of the second second	JRY OCCUR?	
	22. I hereb deccased at 234. SIGNAT			that death occi	urred at 1500, m., from 23B. ADDRESS Chase	n the causes and on the	that I last saw the e date stated above.
TIKAD	AA. BURIAL, CON, REMOVAL (SON, REMOVAL (SON) ATE RECEIVED CAL REGIST AD 1 419	D BY REGISTRAR	15	NAME OF CEMET		/ // //	AVE BALTO MA
1717	VS 150			075	55		51B



BALTIMORE CITY HEALTH DEPARTMENT

2407

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution : residence A. Baltimore City, Maryland A. STATES B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) corporate limits, write BULAL and give C. CITY OR INSTITUTION Yrs. rural, give location Mos. Length of stay in Baltimore Davs SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | H Under I Year | H Under 24 Hours last birthday) | Months: Days | Hours | Min. DATE OF WIDOWED DIVORCED (Specify OA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) 108. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTR WHAT COUNTRY? nome 13 FATHER'S 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO. 447 X INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) RTI OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE WHILE AT WORK 1951 to hard 12, 1951, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on June 10, 1951, and that death occurred at 6 P. m., from the causes and on the date stated above 23A. SIGNATURE 238, ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24D. LOGATION (City, town, or county) 248. DAT. 24¢, NAME OF CEMETERY OF CREMATORY E RECEIVED BY VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street addres HOSPITAL OR location) itside corporate limits, write RURAL and give C. CITY OR T INSTITUTION township) Yrs. n. STREET ADDRE rural, give location) Mos Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE MARRIED Il Undet 1 Year 8. DA E OF BIRTH last birthday) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify) Seunle OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR ork done during most of working life, even if retired) 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTR WHAT COUNTRY? home 13. FATHER'S NAME MAIDEN NAME molanine 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknuwn) (If yes, sive war or date of service) 16. SOCIAL ADDRESS (Yes, no or unknuwn) SECURITY NO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. RT 11 OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. O 19A. DATE OF OPERATION () 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? DICAL YES NO 21B. PLACE OF INJURY (e. s., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY WHILE AT NOT WHILE WORK AT WORK 1951/to 110 and 13 22. I hereby certify that I attended the deceased from I co-_ 1951, that I last saw the . 45 A.m., from the eauses and on the date stated above. deceased alive on Wear (3, 195), and that death occurred at 23c. DATE SIGNED BURIAL, CREAREMOVAL (Specify) 240. LOCATION (City, town, or county) 24 DATE 24c. NAME OF CEMETERY OF CREMATOR DATE RECEIVED BY FUNERAL DISECTAR CAL REGISTRAR VS 150

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) MAUDE M. MCGILLICUDOY DEATH MAR. 12, 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A STATE B. COUNTY MARYLAND 8. FULL NAME OF (If not in hospital or institution, give street address or BALTO HOSPITAL OR location) C. CITY OR TOWN INSTITUTION UNION MEMORIAL HUSP. BALTIMORE

before admission) (If outside corporate limits, write RURAL and give township o. STREET ADDRESS (If rural, give location) Yrs. Mos 5/11 St. GEORGE Length of stay in Baltimore AVE. Davs 9. AGE (In years) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH AGE (In years | | Under | | Wader 24 Hours | last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) 7-15-1883 WIDOWED 10A, USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doos during most of working life, even if retired) INDUSTRY WHAT COUNTRY? CONNECTICUT MOUSEWIFE USA own some 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DRVILLE RHODES 207 HENRIETTA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT MRS. BETTY ADDRESS (Yes, oo or unkoowo) (If yes, give war or dates of service) SECURITY NO SAME MANSON INTERVAL BETWEEN CAUSE OF DEATH 20.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ... CARDIAC TAMPONADE LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ERTII OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED ARKERIOSC/EROSIS TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES W 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER

about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH

AT WORK

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? FINJURY NOT WHILE WHILE AT

WORK

22. I hereby certify that I attended the deceased from MAR. 7, 1951, to MAR. 12, 1951, that I last saw the deceased alive on MAR. 12. 1951, and that death occurred at 8:20 f.m., from the causes and on the date stated above,

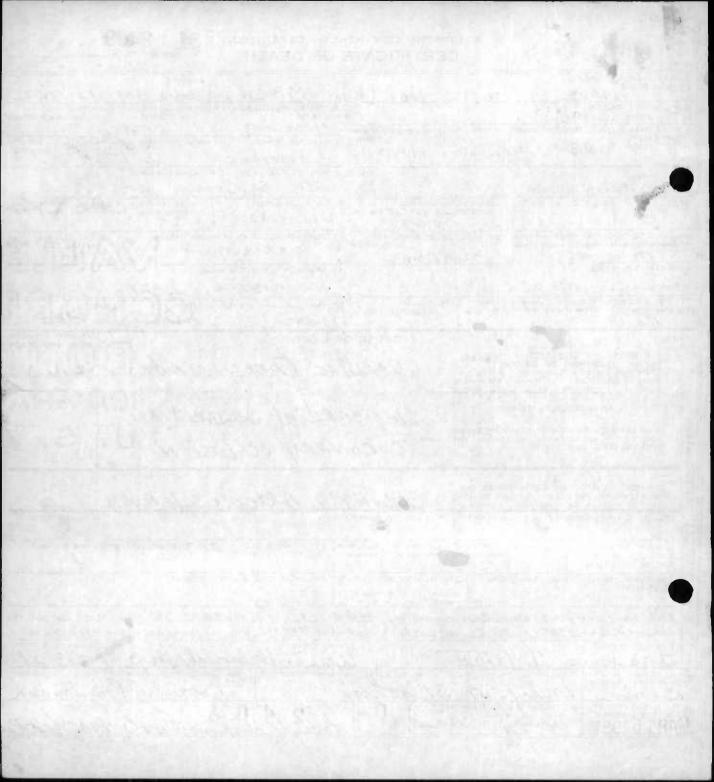
23. SIGNATURE 23B. ADDRESS

Trance 24D. LOCATION (City, town, or county) 24B. DATE 24C, NAME OF CEMETERY OR CREMATORY

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Durial

DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS 25 FUNERAL DIRECTOR OCAL REGISTRAR

VS 150



51 2410

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

121	RTH NO.			CERTIFI	CATI	OF DEATH	itegistere	4 110
material designation of the last	NAME OF D	FCFASED					2. DATE	
	ype or Print)		tan M	Londan		OF	ooh 13 3053	
Walter M. Lanius						4. USUAL RESIDENCE (DEATH MAI	
Α.	Baltimore C	City, Maryland				A. STATE	B. COUNTY	
В.	FULL NAME	OF (If not in hospit	al or institut:	ion, give street ac		Md.		
HO	SPITAL OR	771 McKe	win Av		ocation)	c. CITY OR TOWN (I	f outside corporate li	mits, white RURAL and give township)
1	0	1 1 110210		•		Baltimore		· · · · · · · · · · · · · · · · · · ·
			4.0		Yrs.	D. STREET ADDRESS (If	rural, give location	
6.	Length of s	tay in Baltimore	40	yrs,	Mos. Days	771 McKewin	Ava.	
5.	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED.		8. DATE OF BIRTH	9. AGE (In years	II Under 1 Year II Under 24 Homs
	M	W	Mari	red, DIVORCED	(Specify)	Sept.15,1875	75	Months Days Hours Min.
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		of working life, even if retired)	_	INC	DUSTRY		,	WHAT COUNTRY?
		spatcher	Penn.	R. R.		Penn.		U. S.
13	FATHER'S	NAME			20.0	14. MOTHER'S MAIDEN N	AME	
		L	anius			Agne	s Duncan	
15	. WAS DECEASI	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	14 110	17. INFORMANT		ADDRESS
(10	NO NO	(11 yes, 8140 war or dave	e or service)	SECURIT		aMrs. W. M. La	nius	Same
-							uitus	INTERVAL BETWEEN
	18. 4	20.01				OF DEATH	11047	ONSET AND DEATH
	DISEAS	EE OR CONDITION LEADING TO DEA			1.1	a and and a	YOUN LYN	acres 5 years
	(This does	not mean the mode	of dying, e. i	g., (A)6	we	mounder	rewu Do	was a grand
	injury or	re, asthenia, etc. It mea	ins the diseas	e,				
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ō		S OR CONDITIONS,		1G (B)			······································	
E		THE ABOVE CAUSE (A)		HE DUE TO				
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L		11		(C)		A		
RTI		SIGNIFICANT COND						
H H		G TO THE DEATH, BUT DISEASE OR CONDITION						
Ĭ.				FINDINGS O	F OPER	ATION		20. AUTOPSY?
AL								YES NO
EDIC		ENT, SUICIDE,	218. PL/	ACE OF INJUR	Y (e. g., i		If in Baltimore Ci-	ty, give exact location)
	HOMICIDE	(Specify)	about home,	farm,factory,street,o	office bldg.,	tc.) INJURY OCCUR?		
Σ	210 TIME	(Month) (Day) (Year	(Hour)	21E. INJURY O	CCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	FINJURY	(11101111) (2013) (2011)			OT WHILE			
			m.	WORK	AT WORK		10	
	22. I hereb	y certify that I at	tended the	deceased from	m	oremel, 1977, to//	100.13,1	90, that I last saw the
	deceased a	live on Man	7 19.5%	and that deat	h occur	red at 9.30 pm., from	the causes and o	n the date stated above.
	23A. SIGNA		0			3B. ADDRESS	1 00	23c. DATE SIGNED
	Wil	ham t.	rear	ce .	м. D.	2/05 N Charl	esor	mar. 14, 1451
2	4A. BURIAL.	CREMA- 248. DATE		24c. NAME OF	CEMETE	RY OR CREMATORY 240. I	OCATION (City, to	own, or county) (State)
TI	ON REMOVAL (S Buria)		1951	Morelon	d Ma	morial Park	Balto.	Md.
-	ATE RECEIVE				A MIG	25. FUNERAL DIRECTOR		ADDRESS
1	OCAD REGIST			franks, Ele	1			
6	1013	101	X 4 ! !!.	Land I with		W. Jenkins⪼	nsco. 490	of York Rd.
	VS 150		2 / 1	VELOCITIES	1 2			027

DRN. PIERCE 2105 N. CHARLES

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1	51 2/11	BALTIMORE CITY HE		Registered No.	2411	
Ві	ŘTH NO.	CERTIFICATI	E OF DEATH	negistered no.		
1. (T	1. NAME OF DECEASED (Type or Print) MORRISS DOSS 2. DATE OF DEATH MAR 14, S1					
3. A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (V		tution : residence , before admission)	
B. HO		pital or institution, give street address or location)	c. CITY OR TOWN (II	outside corporate limits, wi	ite RURAL and give township)	
2	UNIVERS		JOPPA	- V-	www.mp/	
Pength of stay in Baltimore Day D. STREET ADDRESS (If rural, give location)					00	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) (1895) 9. AGE'(In years Hilling Months; Days					Days Hours Min.	
11 N - J. 11 N - J.					CITIZEN OF WHAT COUNTRY?	
13	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME					
15	. WAS DECEASED EVER IN U. S. ARI	MED FORCES? 16. SOCIAL	hour a	raner		
(Ye	, no or ocknowe) If yes, give war or d	ates of service) SECURITY NO.	Reland W	res Jokka	, and	
H	18. 4Uxx	CAUSE	OF DEATH	011	INTERVAL BETWEEN	
	DISEASE OR CONDITIO LEADING TO DI (This does not mean the mod heart failure, asthenia, etc. It r injury or complication which	EATH le of dying, e. g., (A)	REMIA		•	
	ANTECEDENT CAUSES Nephrosclerosis due to old					
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Nypertensive cardiovascular DUE TO disease			over)		
FICA	UNDERLYING CONDITION	LASI.				
TIF	n	(C)				
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CARDIAC TALLU				URE		
7	19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?	
SICA	21A. ACCIDENT, SUICIDE,	21B. PLACE OF INJURY (e. g., is about home, farm, factory, street, office bldg.,		If in Baltimore City, give	exact location)	
MEDI	HOMICIDE (Specify)	apout nome, tarm, tactory, acrest, omce bidg.,	MOORT OCCORY			
-	21b. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?					
	WHILE AT NOT WHILE (
22. I hereby certify that I attended the deceased from MAR 13, 1956, to MAR 14, 1956, that I last deceased alive on MAR 14, 1956, and that death occurred at 1045 m., from the causes and on the date state 23A. SIGNATURE 23B. ADDRESS 23C. DATE					hat I last saw the	
					late stated above.	
	23A. SIGNATURE	: Middleton. D.	Immantes L	yorh !	142 (YES (
2.	AA. BURIAL, CREMA- 248. DAT	E 24C. NAME OF CEMETE	RY OR CREMATORY 240	OCATION (City, town, or c	county) (State)	

VS 150

BURIAL, CREMA-REMOVAL (Specify)

RECEIVED BY

correct age is especially

25. FUNERAL DIRECTOR

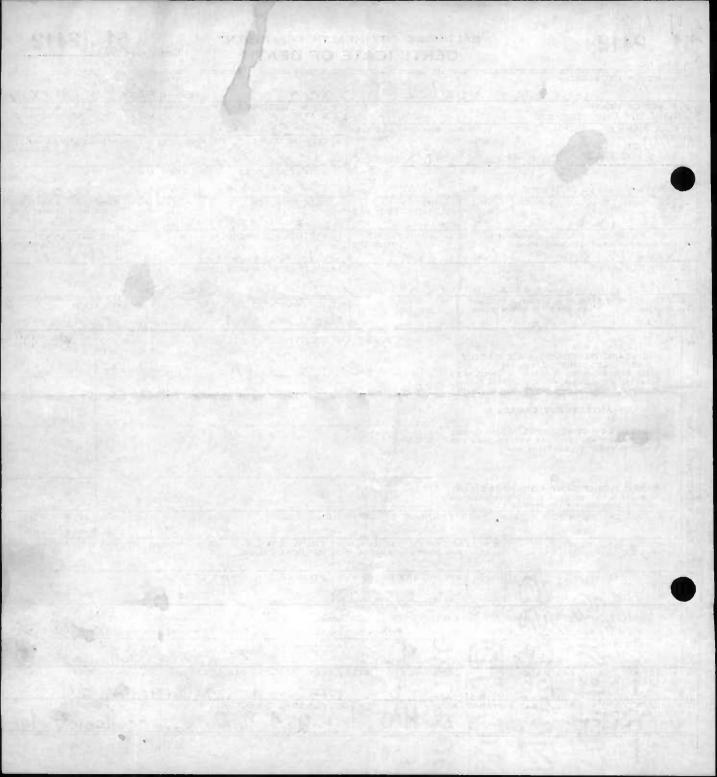
He note the judges in liveral one day, Moverer, if the underlying and conti be determine from climent record on a probable have this would be appreciated or used ale statistically for coding purposes See Document File 51-2411 4/2/51

34V 51 2412

BALTIMORE CITY HEALTH DEPARTMENT

Registered No 2412

3. PLACE OF DEATH 3. Baltimore (ity, Maryland 8. FULL NAME OF Uf not in hospital or institution, give street address or location) 8. FULL NAME OF Uf not in hospital or institution, give street address or location (INSTITUTION) 8. FULL NAME OF Uf not in hospital or institution, give street address or location (INSTITUTION) 8. FULL NAME OF Uf not in hospital or institution, give street address or location (INSTITUTION) 8. FULL NAME OF Uf not in hospital or institution, give street address or location (INSTITUTION) 9. FULL NAME OF Uf not in hospital or institution, give street address or location (INSTITUTION) 9. FULL NAME OF Uf not in hospital or institution, give street address or location (INSTITUTION) 9. FULL NAME OF Uf not in hospital or institution, give street address or location (INSTITUTION) 9. FULL NAME OF Uf not in hospital or institution, give street address or location (INSTITUTION) 9. FULL NAME OF Uf not in hospital or institution, give street address or location (INSTITUTION) 9. FULL NAME OF Uf not in hospital or institution, give street address or location (INSTITUTION) 9. FULL NAME OF Uf not in hospital or institution, give street address or location (INSTITUTION) 9. FULL NAME OF Uf not in hospital or institution, give street address or location (INSTITUTION) 9. FULL NAME OF Uf not in hospital or institution, give street address or location (INSTITUTION) 10. STREET ADDRESS JIT URAN JIVE Budder Nie was located in the location of location (INSTITUTION) 11. BINTEPHALOR (State or foreign country) 12. CITIZEN OF WARD OF PEATH 13. FATHER'S NAME 14. MARY DECEASED STREET NAME Budder Nie NAME SECURITY NO. NA	BIRTH NO.					
B. FILLL NAME OF Ut not in hospital or institution, give street address or focation; B. FULL NAME OF Ut not in hospital or institution, give street address or focation; B. FULL NAME OF Ut not indicated or institution, give street address or focation; B. FULL NAME OF Ut not indicated or institution, give street address or focation; B. FULL NAME OF Ut not indicated for institution, give street address or focation; B. FULL NAME OF Ut not indicated for institution or institution give institution of the part of the p		ype or Print)	StoLZEnt	OF MARC	h 13, 1951	
SELIK NAME OF If not in hospital or institution, give street address or location) If outside corporate limits, write MRAL and g (c. CITY OR YOW) If outside corporate limits, write MRAL and g (c. CITY OR YOW) If outside corporate limits, write MRAL and g (c. CITY OR YOW) If outside corporate limits, write MRAL and g (c. CITY OR YOW) If outside corporate limits, write MRAL and g (c. CITY OR YOW) If outside corporate limits, write MRAL and g (c. CITY OR YOW) If outside corporate limits, write MRAL and g (c. CITY OR YOW) If outside corporate limits, write MRAL and g (c. CITY OR YOW) If outside corporate limits, write MRAL and g (c. CITY OR YOW) If outside corporate limits, write MRAL and g (c. CITY OR YOW) If outside corporate limits, write MRAL and g (c. CITY OR YOW) If outside corporate limits, write MRAL and g (c. CITY OR YOW) If outside corporate limits, write MRAL and g (c. CITY OR YOW) If outside corporate limits, write MRAL and g (c. CITY OR YOW) If outside corporate limits, write MRAL and g (c. CITY OR YOW) If outside corporate limits, write MRAL and g (c. CITY OR YOW) If outside corporate limits, write MRAL and g (c. CITY OR YOW) If outside corporate limits, write MRAL and g (c. CITY OR YOW) If outside corporate limits, write MRAL and g (c. CITY OR YOW) If outside corporate limits, write MRAL and g (c. CITY OR YOW) If outside corporate limits, write MRAL and g (c. CITY OR YOW) If outside corporate limits, write MRAL and g (c. CITY OR YOW) If outside corporate limits, write MRAL and g (c. CITY OR YOW) If outside corporate limits, write MRAL and g (c. CITY OR YOW) If outside corporate limits, write MRAL and g (c. CITY OR YOW) If outside corporate limits, write MRAL and g (c. CITY OR YOW) If outside corporate limits, write MRAL and g (c. CITY OR YOW) If outside corporate limits, write MRAL and g (c. CITY OR YOW) If outside corporate limits, write MRAL and g (c. CITY OR YOW) If outside corporate limits, write MRAL and g (c. CITY OR YOW) If outsi				4. USUAL RESIDENCE (Where deceased lived. If institution: residence		
Institution Course Cours	В.	FULL NAME OF Uf not in hospit		COLLY OF TOWN (If outside corporate limits a	unite PAL and sive	
Length of stay in Baltimore J. C. Moh. S. SEX 6. COLOR OR RACE 7. SINGLE MARRIED. WIDOVED DIVORCED Greetiny MARKIED. S. DATE OF BIRTH S. DATE OF BIRTH	IN	STITUTION		township)		
Days Sex G. COLOR OR RACE 7.00 Marker 7.00 Marker			Yrs.			
International Days Hours Middle Days Hours Middle Days Hours Middle Days Hours Middle Days Day			LITE Days			
JOA. BURLA OCCUPATION (Giveleded 10B. KIND OF BUSINESS OR INDUSTRY 1.8 INTHELACE (State or foreign country) 12. CITIZEN OF STATE 1.8 INTHELACE (State or foreign country) 1.8 INTHELACE (St	5.	45/6 6. COLOR DR RACE	WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years I Under I fear last birthday) Months Days Hours Min.		
S. FATER'S NAME S. ANTER S.			108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF		
13. FATHER'S NAME 14. MOTHER'S MAILE 15. WAS DECEASED EVER IN U. S. ARMED FORCEST (Yes, noor wedevors) 16. SOCIAL SECURITY NO. 17. INFORMANT 18. LY ON NO NO CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mann the mode of dying, e. E., heart failure, sathenia, etc. It mens the disease, injury or complication which caused death). Due to ANTECEORT CAUSES 18. LY ON NO NO CAUSE OF DEATH DISEASES OR CONDITION DIRECTLY LEADING TO DEATH, BUT NOT RELATED TO THE RESON CONDITIONS CON. ANTECEORT CAUSES (8) DISEASES OR CONDITIONS CON. TRIBUTION TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19. ADATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 20. AUTOPSY: YES NO NO MOLE NO THE DISEASE OR CONDITION CAUSING IT. 19. ACCIDENT SUICIDE. HOMICIDE (Specify) 21. ACCIDENT SUICIDE. AND ADDRESS 22. I hereby certify that I attended the deceased from DAA , 1957, to MASCA, 1957, that I last saw deceased alive on 1979, 21951, and that death occurred at 19 Mm., from the causes and on the date stated aboreand the property of the causes and the date stated aboreand the property of the causes and on the date stated aboreand alive on 1979, 21951, and that death occurred at 19 Mm., from the causes and on the date stated aboreand and the date stated ab	1	1	11	MARYLAND	WHAT COUNTRY	
15. WAS DECEASED FÜER IN U. S. ARMED FORCEST IG. SCUAL SECURITY NO. 17. INFORMANT				14. MOTHER'S MAIDEN NAME		
(If yee, give war or date of service) NO N	15	HENRY STOL	ZEN bACh			
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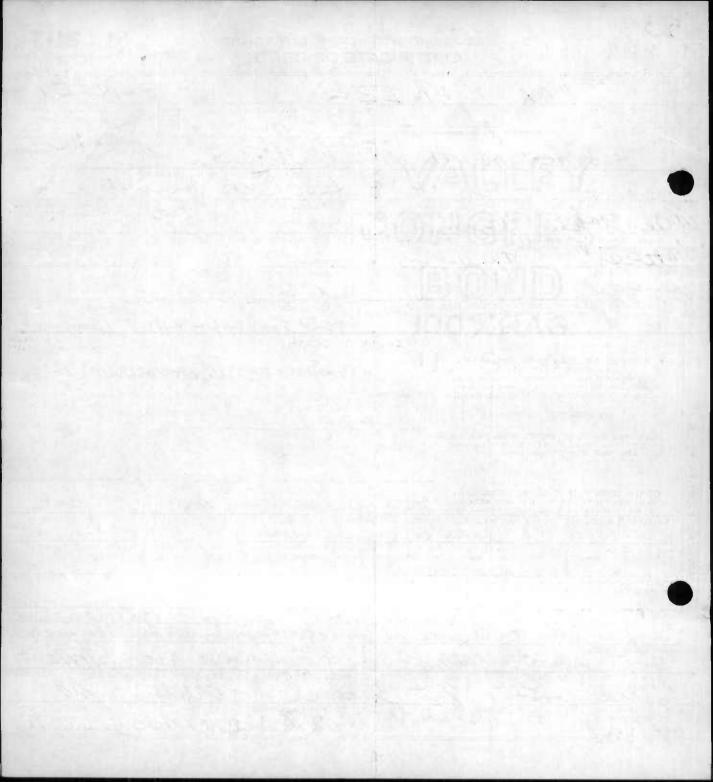


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2413

EIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED MAX KAN IE	2. DATE OF DEATH 3-14-51
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	1110
INSTITUTION ,	c. Chy OR TOWN (If outside corporate mits, wate RECAL) and give township)
4203 Park Heights Clare	D. STREET ADDRESS (If rural, give location)
Mac	4203 Park Heights (we.
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (1) years If Under I Year If Under 24 Hours
Wale white wedowed (Specify)	Months Days Hours Min.
104. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR vorlidone dyring most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
attred Turneshing	austria
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Havy	6thes
15. WAS DECEASED WER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	PINFORMANT/ ADDRESS
	Touis Kandel - 4110 & Tombard
18. 450.0 and 191X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND GEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	TENING LENNIAS / FRENCH AS THE
(This does not mean the mode of dying, e.g., heart failure, usthenia, etc. It means the disease,	TEMINSCLEROSIS, GENERALIZED 10-20/15
injury or complication which caused death.) OUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)	
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
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TRIBUTING TO THE CEATH, BUT NOT RELATED BA(A)	4) CARLINOMA SCARP 3405
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
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FINJURY OCCURRENT FINJURY OCCURRENT	
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	rred at 12.047.m., from the causes and on the date stated above.
(Nearn money of all Astron	238. ADDRESS 121 S. HILALAND AUE. 3/14/SF
24A. BURIAL/CREMA- 24B. DATE / 24C. NAME OF CEMETE	
TION REMOVAL (Specify)	ruel Ballo Mex
DATE RECEIVED BY REGISTRAR SISION TORE	FUNERAL DIRECTOR
DATE RECEIVED BY LOCAL REGISTRAR SISIONATURE	Tack Rebolen 2100 Butaw R
MAR 1.5 1951	
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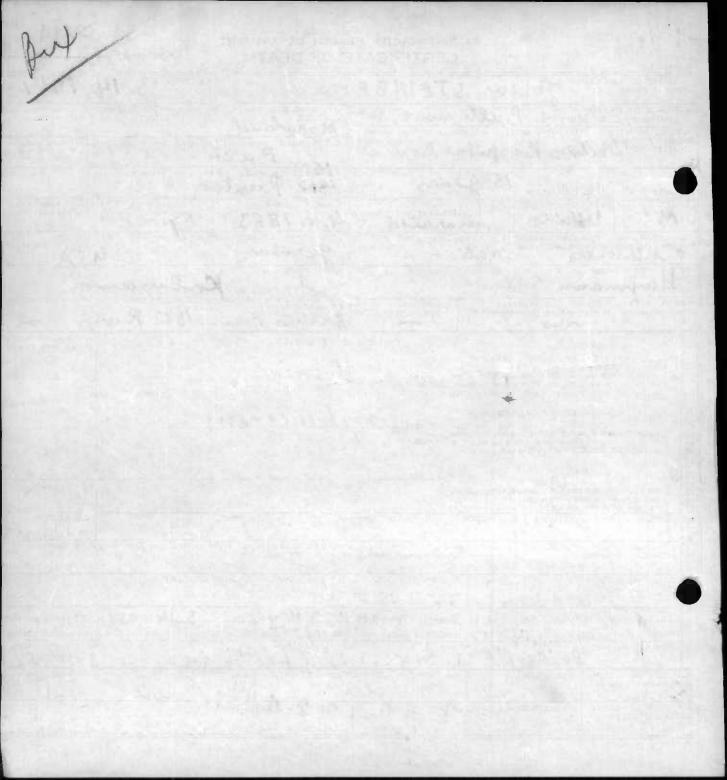


especially important. Physicians: please write the causer or

BALTIMORE CITY HEALTH DEPARTMENT

51 2414

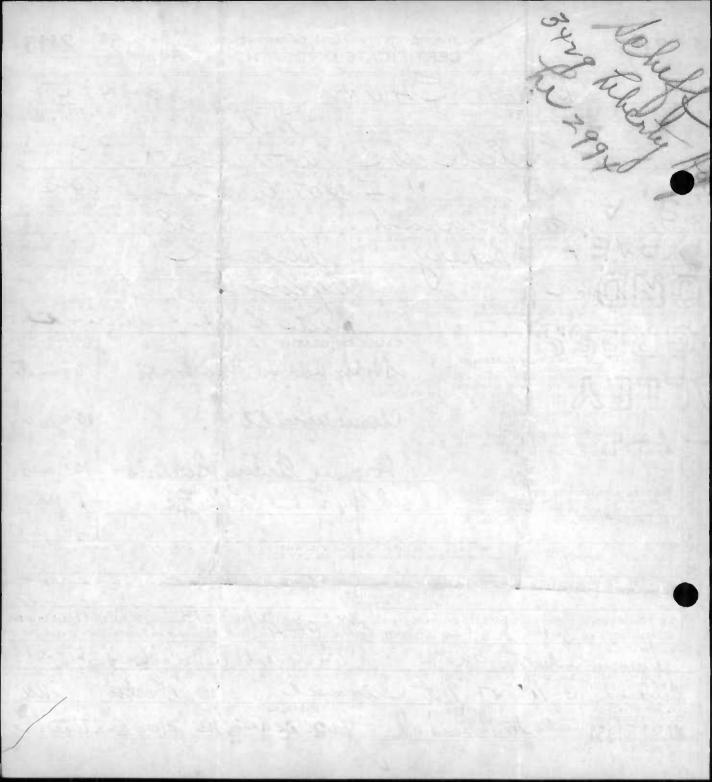
BIRTH NO. CERTIFICATE OF DEATH							
1. NAME OF DECEASED JULIUS STEINBERG 2. DATE 3.14. 1951 (Type or Print)							
3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence						institution : residence before admission)	
В.	B. FULL NAME OF (If not in hospital or institution, give street address or				C. CITY OF TOWN	timore	ts writ RURAL and give
	Length of s	tay in Baltimore	15 y	Yrs. Mos. Days	1912. Ruxt	if rural, give location) Ave	
5.	M	6. COLOR OR RACE	WIDOW	E. MARRIED. /ED, DIVORCED (Specify)	4, 8, 1883		Il Under I Year II Under 24 Hours on the Days Hours Min.
work	10A. USUAL OCCUPATION (Give kind of Month of Business OR work done during most of working life, even if retired)			11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13	Hayn	namn St	einh	25	14 MOTHER'S MAIDEN	Colma	un
15 (Yes	, WAS DECEASI	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	Arthur Bal	r 1812 Ri	yw Ave
CERTIFICATION	(This does heart failt injury or DISEASE RISE TO TUNDERL'	SE OR CONDITION LEADING TO DEA s not mean the mode are, asthenia, etc. It mes complication which ANTECEDENT CAU SOR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L II BIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	TH of dying, e.: ans the disease caused death SES IF ANY, GIVII STATING TI AST. ITIONS CO NOT RELAT	E., (A)	Uremia Uremia yhreseleres		ONSET AND DEATH
AL			9B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?
1EDIC	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		(If in Baltimore City,	give exact location)
Ž	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT HOT WHILE AT WORK						
	22. I hereby certify that I attended the deceased from 1. 1951, to 3.14, 1951, to deceased alive on 3.14, 1951, and that death occurred at 1255m., from the causes and on the date stated above.						
	23A. SIGNA	Dr. Hur	WI	1. BIX M.D.	25 16 Linden	Au	3-14#6-5-1
TIC	24A BURIAL, CREMA- TION/REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 24C. WAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) ADDRESS ADDRESS						
MAR 15 1951 mutición Miliana ya fall fewer sue 2100 Entante						Sutow 16	
	vs 150						131a



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BALTIMORE CITY HEALTH DEPARTMENT

BIR	TH NO.			CERTIFICAT	E OF DEATH	Registered .	VO
	NAME OF D pe or Print)	100	715	SHU	13	2. DATE OF DEATH 3 - 1	14-51
	Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE ()	Where deceased lived, If B. COUNTY	institution: residence before admission)
HO:	ULL NAME	OF (If not in bost	oital or institution	on, give street address o		outside cornorat limb	The RURAL and give
INS	TITUTION	307 Ga	rusl	e los	Malting	725	township)
4		1		Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	/110.
	Length of s	tay in Baltimore	E 7. SINGLE	- Pays	8. DATE OF BIRTH	9. AGE (In years)	f Under 1 Year It Under 24 Rups
1/	olo.	Whater	WIDOW	ED, DIVORCED (Specify			onths Days Hours Min.
		CUPATION (Givekind) working life even if retire		OF BUSINESS OR	11. BIRTHOLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S N		paro	ery	Musse		
/	Alexa	Viana-			14 MOTHER'S MAIDEN N	AME	
15. Ver	WAS DECEASE no or unknown)	ED EVER IN U.S. ARM (If yes, give war or de	ED FORCES?	16. SOCIAL	12. NFORMANT	() A	DORESS
1 00,	no or unknown)	(x. 3cs, 8x4s was of da	ites of service)	SECURITY NO.	Dessie Shu	L - 6	ame
	18. 4-	20.1		CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION	ATH	1101	en adams Sin	leme	10 mm T
	heart failu	s not mean the mode ire, asthenia, etc. It m complication which	eans the disease	9,			, , , , , , , , , , , , , , , , , , , ,
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S	DISEASE	S OR CONDITIONS	. IF ANY GIVIN		u hyraulites		oyean.
¥	RISE TO T	THE ABOVE CAUSE (A) STATING TH			0	
7				(c) Lore	nay arleres	Selevorio	· 10 years.
7		SIGNIFICANT CON			0.00	unth	Conta
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AL	19A. DATE C	OF OPERATION	198. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)		CE OF INJURY (e. g., arm, factory, street, office bldg.		If in Baltimore City,	give exact location)
Σ -		(Manth) (Nami (Van	Waller Company	1E. INJURY OCCUR	RED 21F, HOW DID INJUR	V OCCUP?	
	OF INJURY	(Month) (Day) (Yes	W	HILE AT NOT WHILE		CCCORT	
7-	22. I hereb	y certify that I a	m.	deceased from	m' == 1549 to 3	-14 196	1, that I last saw the
	deceased at	live on 3-141		and that death occu	erred at Hm., from		he date stated above.
	23A SIGNA	TURE	1 m	10.	23h AODRESS	Morablen	3-15 - V
24	A BURBAL.	CREMA- 248. DATE		24c. NAME OF CEMET	ERY OR CREMATOR 240. L	DCATION (Otte, town	
110	REMOVAL (S		-47	Mt Ca	ruel	Bat	o Mil
	TE RECEIVE CAL REGIST	D BY REGISTRA	R'S SIGNATE	RE O	25. FUNERAL DIRECTOR	2	ADDRESS P
N		951	Mary 11/2 Olig	ente, M. B.	Jack Berting	ne 21006	nelow /
	VS 150		1000	29/1	14		94a
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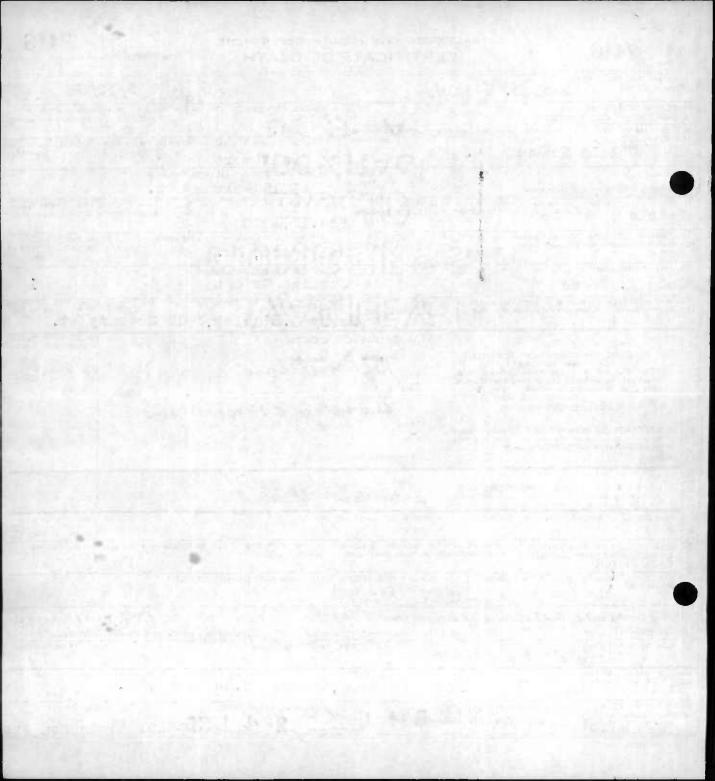


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2416

B	IRTH NO.		
	NAME OF DECEASED Sype or Print) Mary D. Ridgley	2. DATE. OF DEATH 3/12/51	
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution a. STATE B. COUNTY between the country and the country between the co	n : residence fore admission)
	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)		
11	ospital or location) 1615 McHenry St.	C. CITT OR TOWN (II outside corporate timits with	URAL and give
0) TOTO MOREOUTY SO.	Baltimore /7	township
	Yrs.	o. STREET ADDRESS (If rural, give location)	
	length of stay in Baltimore Life Mos. Days	1615 McHenry ot.	
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (in years Hunder Year	If Under 24 Hours
	Female White WIDOWED, DIVORCED (Specify)	Dec.17,1870 last birthday) Months Days	s Hours Min.
10	DA. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR		1
TOW	k done during most of working life and iffering l)		ZEN OF AT COUNTRY
		partimore, ma-	
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	John A. Boone	Justina Griese	
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS	
(Ye	8, 00 or uoknowo) (1) Yes, give war or dates of service) CECHDITY NO	arry D.Ridgley, 1615 McHenry S	+
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	18. 446 X	OF DEATH INTER	T AND DEATH
	DISEASE OR CONDITION DIRECTLY		00
	(This does not mean the mode of dying, e.g.,	Mellons 6	months
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		······································
	might of completion which caused death.)	0.01.0.	
	ANTECEDENT CAUSES	relied deflusalerons.	
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A	UNDERLYING CONDITION LAST.		
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田田	OTHER SIGNIFICANT CONDITIONS CON-	ford askers to	
Ū	TO THE DISEASE OR CONDITION CAUSING IT.	The Comment of the Co	
L	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20.	AUTOPSY?
K		YES	U NO L
EDICAL	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	n or 21C. WHERE DID (If in Baltimore City, give exact INJURY OCCUR?	location)
Σ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?	
	OF INJURY WHILE AT NOT WHILE	The state of the s	
	m. WORK AT WORK		
	22. I hereby certify that I attended the deceased from	ran h , 1940, to Mar de (2, 1951, that I	last sam the
	deceased alive on 3-12, 1957, and that death occur	red at 11 Pm from the causes and on the dates	tated above
			ATE SIGNED
	m. B. Jehreiber		4-51
2	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
TH	Burial (Specify) 3/15/51 Good Shepher	d. Howard Co. Rockland, Id.	, (State)
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L.	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRES	55
	MAR 5 1951	Jann Deishber 101 Edmond	ison Av
=		A CHARLES TO THE THEOLOGY	TOOL AV
	VS 150	121	0
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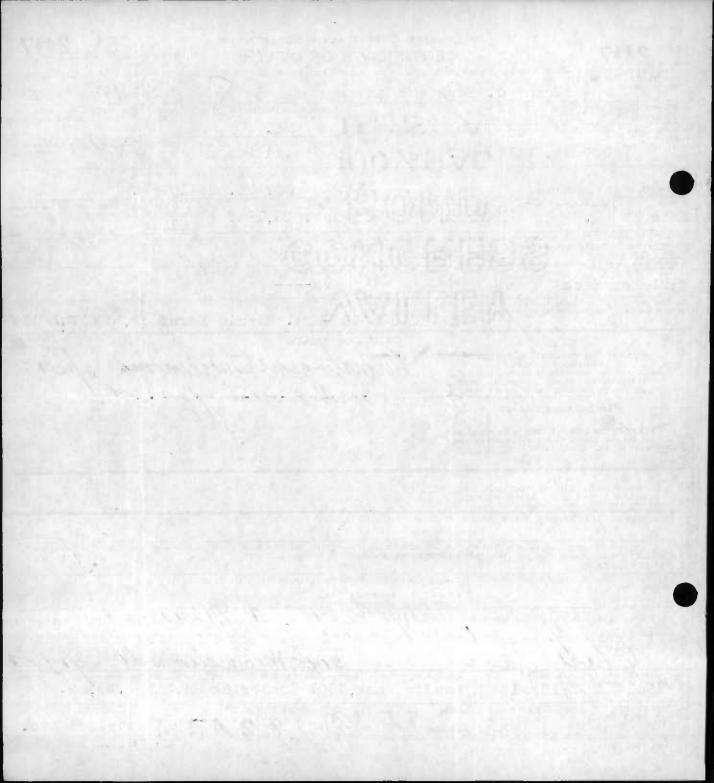


H 651

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 2417

BIRTH NO.	CERTIFICATI	E OF DEATH	registered iv	0.			
1. NAME OF DECEASED (Type or Print) Henry	C. Hernfeck		2. DATE OF 3/13/	51			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (WA. STATE	here deceased lived. If i	institution : residence before admission)			
B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION 507 Mt. Ho.	al or institution, give street address or location)		outside corporato mits	township)			
ength of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If:	rural, give location) Holly St.				
5. SEX 6. COLOR OR RACE W.	7. SINGLE, MARRIED.	8. DATE OF BIRTH Nev. 25,1869		Under I Year nths Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME Carl Hornfeck		14. MOTHER'S MAIDEN NA	AME				
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war nr dated	o FORCES? 16. SOCIAL SECURITY NO. 216 12 0036	17. INFORMANT B -Mrs. Minnie		O7: LT. HOLLY			
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complication will be complicated with the complication which complication will be complicated with the complication will be complicated with the complete compl	f dying, e. g., ns the disease, aused death.) ES (B) ANY, GIVING STATING THE DUE TO ST. (C)	ehrgeme Oa rd Plunch	effusion	4/1.51			
TO THE DISEASE OR CONDITION	NOT RELATED CAUSING IT.						
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING	98. MAJOR FINDINGS OF OPER			YES NO			
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., in about home, farm, factory, street, nffice bldg., e		f in Baltimore City, g	ive exact location)			
21D. TIME (Month) (Day) (Year) OF INJURY	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
deceased alive on 3/12 23A. SIGNATURE 24A. BURIAL CREMA-1 24B. DATE	and that death occur		llimpo It	e date stated above. 23c. DATE SIGNED 3/14.5			
Burial (Specify) 3/15/51	Loudon Park,	,3801 Frederick	Rd.Balto.	29, Md.			
LOCAMARITS 1951	s signature	arry A. Duf	AOLILA mo:	ndson Ave.			
VS 150	The second second						



J. 4	416						
-	04	4.0	BAI	TIMORE CITY HE	ALTH DEPART		51 2418
0	1 64°	18	7	CERTIFICATI	E OF DEAT	H Registered	No.
= 1.	NAME OF E	7-0626 pecessed	/			1222	
(1	'ype or Print)			Infon	t Silver	2. DATE OF	oh 6 1051
	PLACE OF D			ZIII.dii	4. USUAL RESID	ENCE (Where deceased lived.	rch 6, 1951. If institution: residence
	FULL NAME	City, Maryland	al an inatitut	ion, give street address or	A. STATE Marv	B. COUNTY	before admission
H	OSPITAL OR	Or (II not in nospie	ar or maticut	location)	c. CITY OR TOWN		nits, wrigh KURAL and give
3	Th	e Johns Hopk	ns Hos		Baltimo	ore Z	township
				Yrs. Mos.	D. STREET ADDR	ESS (If rural, give location)	
=	Length of s	stay in Baltimore		Days		croft Road	
3.	SEA	6. COLOR OR RACE	7. SINGLE	E, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTI		If Under 1 Year II Under 24 Hours Montha Days Hours: Min.
10	Female	White		ngle	3/6/51		1 2
wor	done during most	CUPATION (Give kind of of working life, even if retired)	TOB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF WHAT COUNTRY
12	Inf	ant			Maryland		
					14. MOTHER'S MA		
1.5		in Silver			Bernice Steinberger 565552		
(Ye	e, do or uoknowo)	(If yes, give wer or date	FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
_	No	•==		-	Hospital	Records	
ERTIFICATION	(This does heart failu injury or DISEASES RISE TO T	LEADING TO DEAT I not mean the mode of ire, asthenia, etc. It mean complication which complication which	f dying, e. g ns the diseas aused death ES FANY, GIVIN	(A)	OF DEATH	76/04/1	INTERVAL BETWEEN ONSET AND DEATH
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D			
SAL	19A. DATE C	OF OPERATION 1		FINDINGS OF OPER			20. AUTOPSY?
MEDICAL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, f	CE OF INJURY (e. g., ic arm, factory, street, office bldg., e	21c. WHERE D INJURY OCCU		, give exact location)
	21b. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	D 21F. HOW DID	INJURY OCCUR?	
	deceased al	live on 3/6	ended the	deceased from 3/6 and that death occur	, 1957 red at 6:05P.m.	1, to 3/6, 19, from the causes and on	51 that I last saw the the date stated above
	23A. SIGNA	TURE 25	1	2	3B. ADDRESS		23c. DATE SIGNED
	N	Con 1 /1101	1711			okins Hospital	3/9/51
	N. REMOVAL (S		2	4c. NAME OF CEMETER	RY OR CREMATORY	24D. LOCATION (City, tow	n, or county) (State)

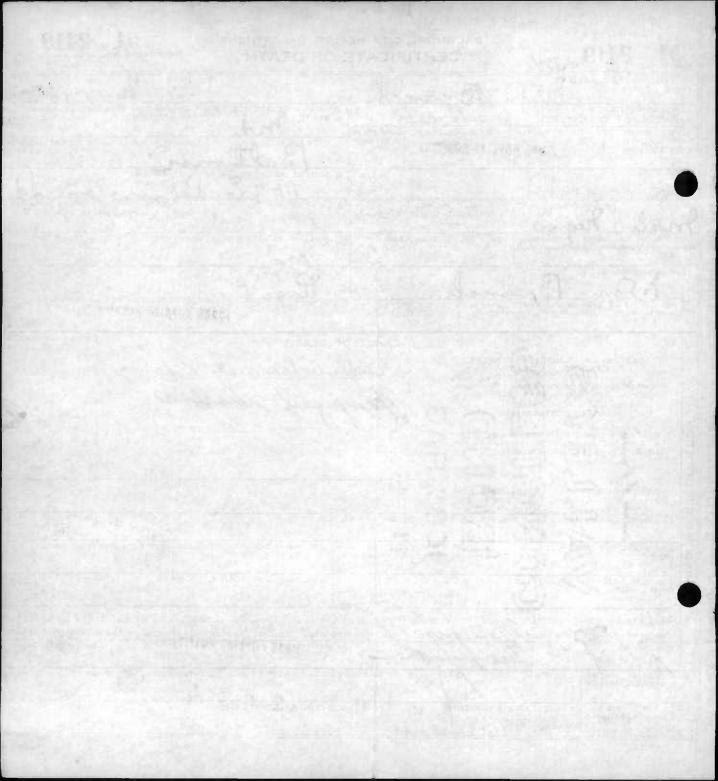
25. FUNERAL DIRECTOR

DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE EN LOCAL REGISTRAR WAR 151951

159

ADDRESS

Loste BALTIMORE CITY HEALTH DEPARTMENT Registered CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before sdmission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OF TOWN (If outside corporate limits, write RURAL and give JOHNS ROPKINS KOSPITAL INSTITUTION D. STREET ADDRESS (If rural give location) Yrs. Mos. Length of stay in Baltimore Davs 6 COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRT 9. AGE (In year last birthday Months Days Hours Min. WIDOWED, DIVORCED (Specify) neare IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT HORKS HOPKIRS HOSPIPPESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST, 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION .. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES V 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or 2 Ic. WHERE DID (If in Baltimore City, give exact location) ā HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш Σ 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! WORK 30, 19__, to_ 22. I hereby certify that I attended the deceased from _____, 19___, that I last saw the I And that death occurred at 10 m., from the causes and on the date stated above. 193 deceased alive on now 238. ADDREADES HOPKINS KOSPITA 29A. SIGNATURE 23c. DATE SIGNED M. D. 24A. BURIAL, CREMA-24B. DATE NAME OF CEMETERY OR CREMATORY | 240, LOCATION (City, town, or county) DATE RECEIVED BY 29 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS with whom / /sh VS 150 1150



VS 150

O DESIGNATION OF THE OWNER, WHEN TOTAL PRODUCT APPENDING STATE なっていってか correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

51 2421 Registered No.

BI	RTH NO.	Con		CERTIFIC	CAIL	OF DEATH	200	5.Stered 11	0	
1. (T	NAME OF D ype or Print)		name	IPC	lar	k	2. DATE OF DEAT	11/1	reh.	14 1951
Α.		EATH: City, Maryland		,	/	A. USUAL RESIDENCE	E (Where decea			residence re admiasion)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in bos)	pital or instituti	on, give street ad		CITY OR TOWN	(If outside cor	porme limits	with Ru	RAL and give township)
L	0 /	910 44	law	ruce		STREET ADDRESS	(If rural, give-	location))	0	
Ų		tay in Baltimore			Mos. Days	1913/6	ulaw		ace	
	SEX 7	6. COLOR OR RAC	WIDOW	ED, DIVORCED		July 28 18.	ST PAGE (rinday) Mor	Under 1 Year oths Days	Hours Min.
10 work	done darring most o	CUPATION (Bive kind of working fife, even if retire	lof 10B. KIND	OF BUSINESS	OR	Dalto.	e or foreign coun	try)	12. CITIZ	OPNTRY?
13	FATHER'S N	Whew (Clark	(e)	1	4. MOTHER'S MAIDE	EN NAME E	Car	£ ?	79
15 (Yes	, was DECEASE , no or nuknown)	ED EVER IN U. S. ARM	ED FORCES?	16. SOCIAL SECURITY	NO. 1	WINFORMANT A	rine L	elfert	DRESS3	Beaum
	18. 420	. 0		CA	USE O	DEATH	, 0	0		AL BETWEEN
	DISEAS	SE OR CONDITION	N DIRECTLY	/	2. 1	: A:)/,	f	Co	AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,									
	injury or	injury or complication which caused death.) DUE TO								
7		ANTECEDENT CA	USES			100 (
CATION	RISE TO T	S OR CONDITIONS THE ABOVE CAUSE (YING CONDITION	A) STATING TH	1G	***************			•		
H		11		(C)		7 - 1				
CERT	TRIBUTING	GIGNIFICANT CON G TO THE DEATH, BU DISEASE OR CONDITI	JT NOT RELATE	:D	Se	Puility	40*************************************	*******************		
1	19A. DATE C	F OPERATION O	19B. MAJOR	FINDINGS OF	OPERAT	ION O			1	UTOPSY?
EDICA		ENT, SUICIDE.		CE OF INJURY			(If in Baltir	nore City, g	YES L	location)
	HOMICIDE	(Specify)	about home, f	arm, factory, street, of	fice bldg., etc.	INJURY OCCUR?				
Z	21D. TIME	(Month) (Day) (Yes		21E. INJURY O		21F. HOW DID IN	JURY OCCUR?			
			m.		T WORK					
E		y certify that I a					· March			
	deceased a		12, 19,	and that death		d at 6:36 Am., fr	om the causes	and on th		ated above. TE SIGNED
	6	Eller	on the	Coole M	. D. 2	431 Md.C	lue		3-19	5.5/
24 TI	AA. BURIAL, ON BEMOVAL (S	CREMA- 24B DATE	1/51	PREE TREE			Ha th-	. 14.	eum)	(State)
	ATE RECEIVE DCAL REGIST	D BY REGISTRA	R'S SIGNATU			The deed	TOR B	1-64	ADDRESS	
	VS 150	-	3			maria	4 . 7 324	7	Har	bod Res
			94 4 4					110		

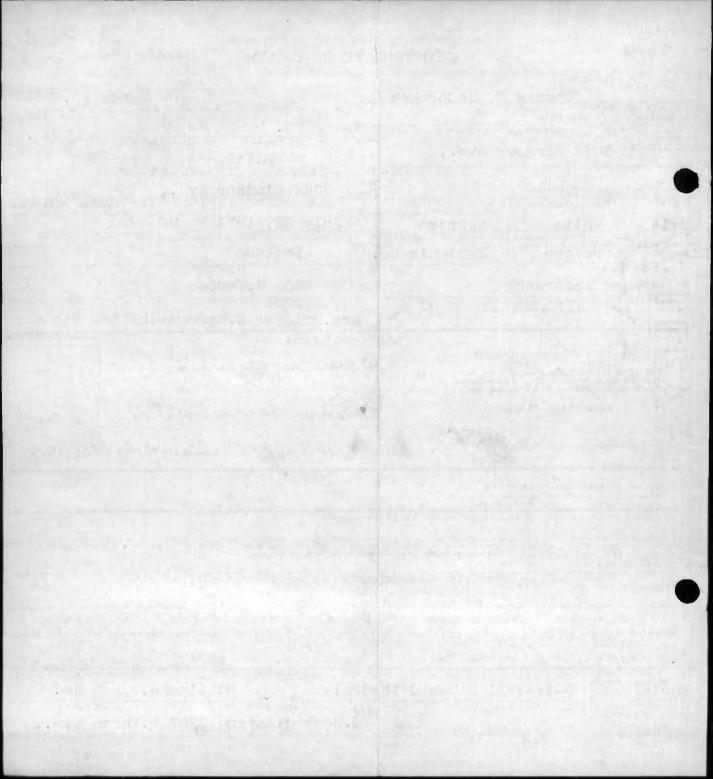
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2422

Registered No.____

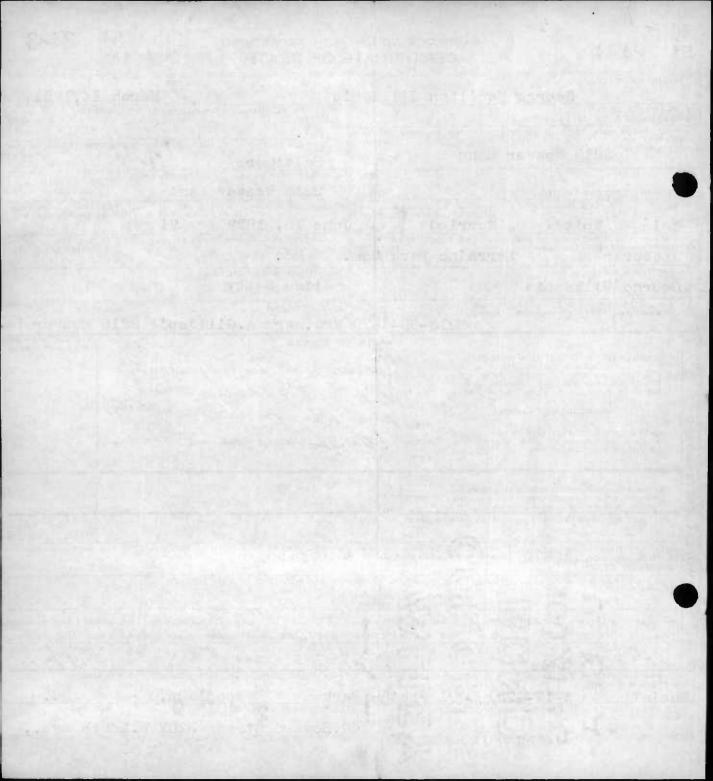
BIRTH NO.	E OF DEATH
1. NAME OF DECEASED	2. DATE
(Type or Print) Thomas P. McCormack	DEATH March 13,1951
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before admission)
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
An JUAZ WINGSOF AVO.,	Baltimore (wnship)
39 - Yrs.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Mos. Days	3042 Windsor Ave.,
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVURCED (Specify)	B. DATE OF BIRTH 9. AGE (In years
Male White Married	July 22, 1874 76
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF
work done during most of working life, eveo if retired) i amond Appraiser Benjamin Co.	Ireland WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Bernard McCormack	Anna McKenna
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or uokoowo) (If yes, give wer or dates of service) SECURITY NO	17. INFORMANT ADDRESS
(11 yes, give wer or dates of service) SECURITY NO.	rs.Bridget M.McCormack 3042 Windsor
	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	rowany Ocelusian 30 min
heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)	
mighty of complication which caused death.) Due 10	10.0
ANTECEDENT CAUSES	Ediac deconglusation 6 mis.
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-	rdiac deconquessation 6 mos.
E COMPLETE C	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	AATION 1 20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in about home, farm, fectory, street, office bidg., e	n or 21c. WHERE DID (If in Baltimore City, give exact location)
	etc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from Je	
aeceased alive on Mar 13, 1931, and that death occur	red at G.A. m., from the causes and on the date stated above.
Daniel Blown son	2835 Juyuus Palls PKin 3/14/51
24A. BURIAL. CREMA- 24B. DATE 24C NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City town, or county) (State)
Burial 3-16-1951 New Cathedr	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	.Howard Strong 3207 W. North Ave.,
	Z N TO CO TO
VS 150	A



BALTIMORE CITY HEALTH DEPARTMENT

51 2423

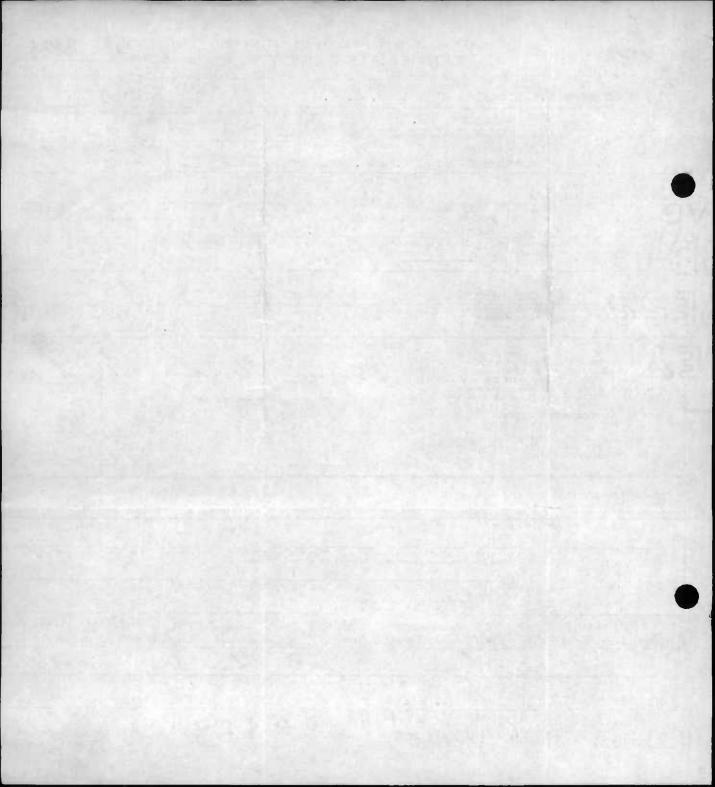
2953 Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF George Hamilton Gillespie DEATHMarch 14,1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, were RURAL and give INSTITUTION 2215 Weaver Lane township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore 2215 Weaver Lane Davs 9. AGE (In years M Under 1 Year H Under 24 Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH June 10, 1879 Male White Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) orraine Park Cem WHAT COUNTRY? Md. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Gillespie Alice Getty 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO 3-09-1879 Mrs. Mary A. Gillispie 2215 Weaver La. INTERVAL BETWEEN CAUSE OF DEATH 526X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. EDI about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! WORK to Mor 14, 195%, that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on new 14, 19 3, and that death occurred at 10. m., from the causes and on the date stated above. 220 SIGNATURE 23B. ADDRESS 23C DATE SIGNED 3033 wnoch 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 3 - 1741951Lorraine Park Woodlawn. Burial 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR G. Howard Strong 3207 W. North Ave.,



BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 2424

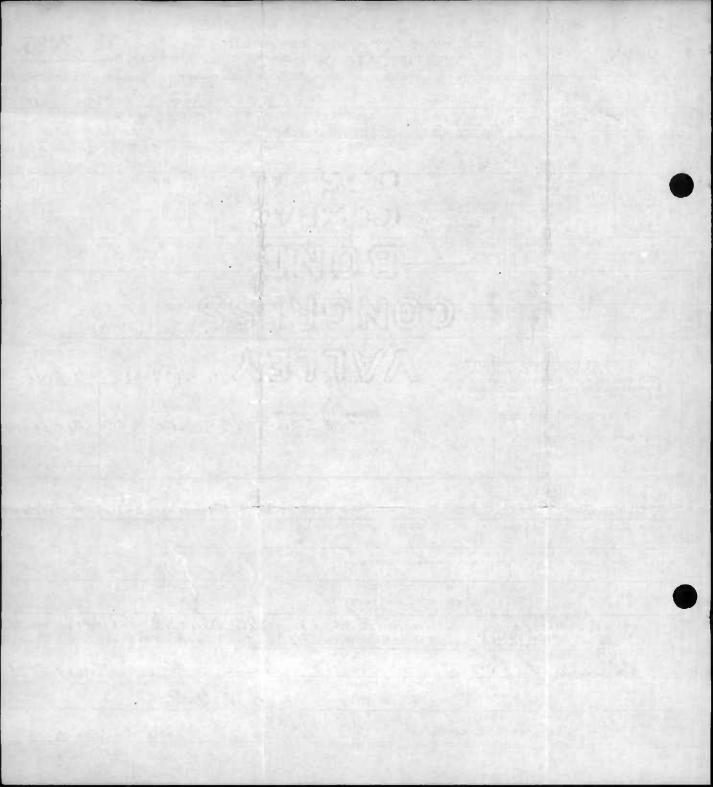
BIRTH NO.	CERTIFICATI	E OF DEATH	registered in	0		
1. NAME OF DECEASED		1	2. DATE			
	omasina O'Hara, R. S	. M.	OF 3/1	4/51		
	altimore, Md.	4. USUAL RESIDENCE (WHA. STATE Maryland	here deceased lived. If i B. COUNTY	nstitution: residence before admission		
B. FULL NAME OF (If not in hospital HOSPITAL OR	lor institution, give street address or location)		outside com rate linits	write RURAL and give		
Mt. St. Agne	s' Convent, Mt. Wash.		2-1-1	township		
	82 Yrs.	D. STREET ADDRESS (If re	ural, give location)			
c. Length of stay in Baltimore	Mos. Days	Mount Washingto	on			
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		Under I Year if Under 24 Hours nths; Days Hours Min.		
Female White	Single	Jan. 27, 1869	82	Italia Days Hours Milli		
10A. USUAL OCCUPATION (Glyckind of work done during most of working life, even if retired) Sister of Mercy	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME			
	0'Hara	Catherine Moran				
15. WAS DECEASED EVER IN U. S. ARMED						
(Yes, no or nnknown) (If yes, give war or dates	of service) SECURITY NO.	17. INFORMANT Sister Mary Edit		odress		
18. 153.		OF DEATH	JII WILL WASILL	INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Primary Carcinoma of Sigmoid						
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS	STATING THE DUE TO					
OTHER SIGNIFICANT CONDIT						
O TO THE DISEASE OR CONDITION	CAUSING IT.					
19A. DATE OF OPERATION 15	B. MAJOR FINDINGS OF OPER	ATION		YES NO		
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., l) about home, farm, factory, street, office bldg., e		in Baltimore City, g			
21D. TIME (Month) (Day) (Year) DF INJURY	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK		occur?			
22. I hereby certify that I atte						
deceased alive on 3-13	, 1957, and that death occur	rred at 4 Q. m., from th				
23A. SIGNATURE	Han M.D. 2		e St.	3.14-5		
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 240, LO	CATION (City, town,	or county) (State)		
Burial 3/16/51	/ Mt. St. Agnes		nt Washingtor			
DATE RECEIVED BY LOCAL REGISTRAR'S	s signature	25 FUNERAL DIRECTOR	24 San 805	M. Calvort &		
VS 150	10.0000,7602.00			46E		



BALTIMORE CITY HEALTH DEPARTMENT

T Registered No. 2425

BI	RTH NO.	<i>J</i>		CERTIFICATI	OF DEATH	,	
	NAME OF D	Mary Virgi	nia Rus	sell		OF DEATH	/13/51
Α.		City, Maryland		re, Md.	4. USUAL RESIDENCE (Where deceased lived. B. COUNTY	If institution: residence before admission)
H	FULL NAME SPITAL OR	OF (If not in hospita	al or instituti	on, give street address or location)	Maryland c. CITY OR TOWN (I	f outside corporate	nits, write RIDP IL and give
IN	STITUTION	237 E. T	wenty-F	ifth Street	Baltimore	16	township)
7				82 Yrs.	D. STREET ADDRESS (If	rural, give location)	
-		stay in Baltimore		Mos. Days	237 E. 25th St.		
	emale	White		E, MARRIED, FD, DIVORCED (Specify) 1ed	Aug. 7, 1868	9. AGE (In years last birthday)	Months Days Hours Min.
		CCUPATION (Give kind of of working life, even if retired) E	108. KIND	OF BUSINESS OR INDUSTRY	Baltimore, Md.	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	
		John Jo	усе		Mary Mulligan		
15 (Ye	. WAS DECEAS	ED EVER IN U.S. ARMED (If yes, give war or dated	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
					Most.Rev. John	J. Russell	Charleston, S.C
FICATION	heart failt injury or DISEASE RISE TO T	s not mean the mode of are, asthenia, etc. It mean complication which of anticology and anticology anticology and anticology anticology and anticology and anticology anticology anticology anticology anticology anticology and anticology	ns the disease aused death ES ANY, GIVIN STATING TH	(B)	REBRAL TH		UNKNOWE
CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					hromeo	2 4RS.
AL	ISA. DATE	OF OPERATION 0 1	SB. MASON	THE MOS OF STER	ATION		YES NO
EDICAL		DENT WAS UNDER R CONTRIBUTING DEATH		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		If in Baltimore City	y, give exact location)
Ž	21D. TIME DF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?	
				deceased from Mi	- 4/6		5 !, that I last saw the a the date stated above.
	23A. SIGNA			2	38. ADDRESS	H.	23c. DATE SIGNED Was 14, 1951
2.4 7H	Burial Burial	Specify) 248. DATE 3/16/		New Cathedral		timore Md.	wn, or county) (State)
	ATE RECEIVE	D BY REGISTRAR	S SIGNATL	HE WAS MARK	25. FUNERAL DIRECTOR	not Son 80	ADDRESS St. Calvey St.
THE STATE OF THE S	VS 150	31 1	• ,	4344			94a

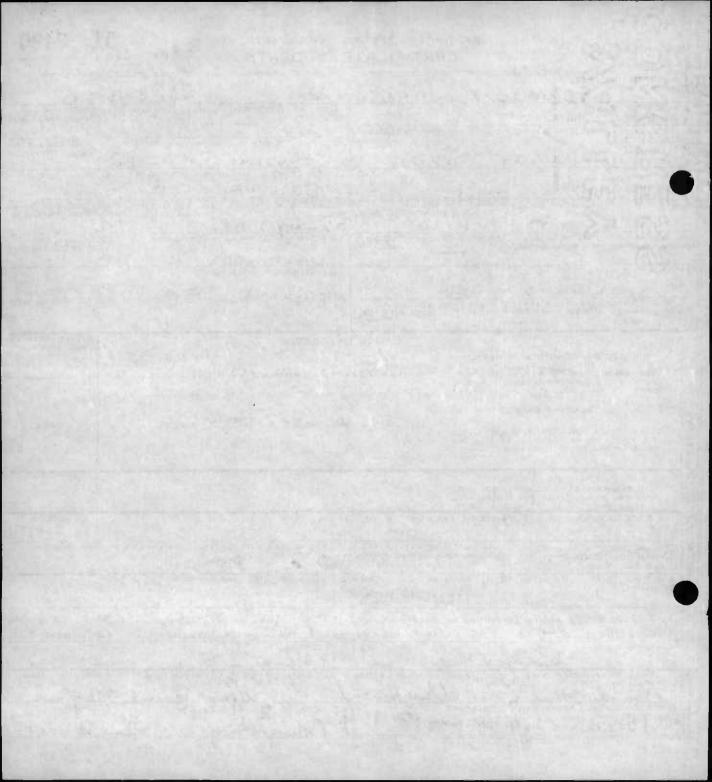


2	4)	
51	5	426	11 17
BIRTH	NO.		101/10
I. NAN	E OF	DECEAS	SED

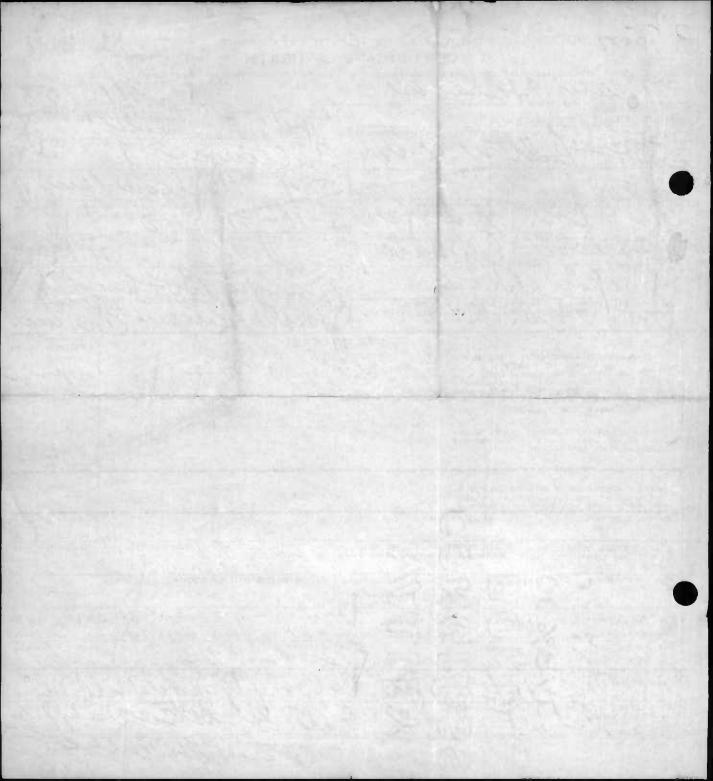
BALTIMORE CITY HEALTH DEPARTMENT CERT!FICATE OF DEATH

Registered No. 2426

BIR	TH NO.	Mill.		CERTIFICA	IE OF DEATH	aregistered a	10
1.1	MAME OF D		0			2. DATE	
(Ty)	e or Print)	ELWOO	DK	JOHNSO	ON. Jr.	DEATH 3-1	3-5-1
	Baltimore (4. USUAL RESIDENCE	(Where deceased lived, If B. COUNTY	institution: residence before admission)
B. F	ULL NAME	OF (If not in hospit	al or institut		\		16
	TITUTION			locatio	c. CITY OR TOWN	(If outside corporate limit	write RURAY and give township)
3	7	11/25/30101	Y HO	DSPITAL	BALTIMO		
			. 13	Yrs Mo			
5. 5		tay in Baltimore	トリー	Day	3 1	CK ST.	
	0 0 64	6. COLOR OR RACE	7. SINGLI WIDOW	E. MARRIED, /ED, DIVORCED (Speci	8. DATE OF BIRTH		onths Days Hours Min.
	307	37140		1140	Vannal-y 13 195		2-
work d	one during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUST	BIRTHPLACE (State o		12. CITIZEN OF WHAT COUNTRY?
					BALTIMOI	- 35	
13.	FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
		5 r m o n b		to th	AdELINE	CROSBY	
15. (Yes,	WAS DECEASI	ED EVER IN U.S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO	17. INFORMANT		DDRESS
	18. 75	9.0		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION					ONSET AND DEATH
	(This does	not mean the mode of	TH of dying, e. s	. WBRO	NCHO PNEUMO	win	10 15 10 4 1 1 1
	heart failu	re, asthenia, etc. It mes	ns the diseas	e.			
	injury or			.) DOE 10			
		ANTECEDENT CAUS	SES	0.0	904 . 57 . 51	22022	
O	DISEASES	S OR CONDITIONS, I	F ANY, GIVIN	(B)	spocystic DI	37H25	***************************************
-	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO			
CA	ONDERE	THE CONDITION E		(C)			
		11					
ERTIFI		IGNIFICANT CONDI					
S -		TO THE DEATH, BUT					
	19A. DATE C	F OPERATION 7/ 1	98. MAJOR	FINDINGS OF OP	ERATION		20. AUTOPSY?
Y							YES NO
EDICA		ENT WAS UNDER-		ACE OF INJURY (e. g		(If in Baltimore City,	give exact location)
ME	CAUSE OF	R CONTRIBUTING DEATH	ne district Months,	ar ma, ractor y, esteba, or most are	LI, OCCORT		
		(Month) (Day) (Year	(Hour)	21E. INJURY OCCUP	RED 21F. HOW DID INJU	JRY OCCUR?	
	OF INJURY	-	-	WHILE AT NOT WHI			
	22 7 1		2 7 17			3 - 13 100	2/ .2 7.7
	22. I nereo	y certify that I at	tenaea the	aeceasea from	surred at 6:25 Pm., from	3 - 13 , 195	
	aeceasea ai		_, 19_= 1,	and that death occ	238. ADDRESS	n the causes and on th	ne date stated above.
	200.01011		med	20 M.D.	U. Homila	es	3-13-51
24/	BURIAL, (S	CREMA- 248. DATE				LOCATION (City, town,	or eounty) (State)
1101	B	. marl	1951	Hlens Hune	ml HO	Buil	May a. I.
DA	E RECEIVE	D BY REGISTRAR	SIGNATI	JRE	125. FUNERAL MIRECAD	R	ADDRESS
LOG	ART57	951 tinthe	han 14.19.	anif, Mer	RYSint	> 40.	J Bunie md
	VS 150	. 4	• 1111)	



16	12						
5	2427 BALTIMORE CITY H	2427 BALTIMORE CITY HEALTH DEPARTMENT					
В	CERTIFICAT	E OF DEATH	Registered No.				
	NAME OF FIGURE HOLLSON!		2. DATE OF DEATH	13/51			
A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W		titution: residence before admission)			
H	FULL NAME OF It not in hospital or institution, give street address o		outside corporate lippis, w	vrite RURAL and give			
2	377- Julion au, N	Balten	al 19	Otdwnship)			
	Yrs. Mos. Length of stay in Baltimore	534-11	ural, give location)	au. N			
5.	SEX 6. COL R OR ACE 7. SINGLE, MARRIED Days	B. DATE OF BIRTH		er 1 Year If Under 24 Hours			
10	or lov. pury co	3-10-1711	last highday) Month				
work	doubthing most of most in life comparing tred	11. BIRTHPLACE State or for	reign country) 12	WHAT COUNTRY			
13	TARIBLE HEUSON	14. MOTHER'S MAIDEN NA	Booke				
15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	7. INFORMAN	111M1- 400	RESS 17-			
	18. O A > X CAUSE	OF DEATH	occord - Of	INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY	1/ 7		ONSET AND DEATH			
	(This does not mean the mode of dying, e.g., (A)	morey Julinea	lou -	1 year			
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
	ANTECEDENT CAUSES						
O	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
ATI	UNDERLYING CONDITION LAST,						
IFIC							
ERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED						
Ü	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	PATION.		L 20 AUTOROUS			
AL	133. MAJOR FINDINGS OF OFE	RATION		YES NO V			
IEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg. CAUSE OF DEATH	in or 21C. WHERE DID (Injury occur?	in Baltimore City, give	exact location)			
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED FINJURY	RED 21F. HOW DID INJURY	OCCUR?				
	m. WHILE AT NOT WHILE MY WORK AT WORK						
	22. I hereby certify that I attended the deceased from	3/12/ 1957/to	3/-3/, 1957, t	hat I last saw the			
	deceased alive on 1957 and that death occu	rred at J. W. m., from th	re eauses and on the	date stated above.			
-	Somm H. Gester . 11 M.D.	1 15 Renoa 1.	me!	3/10/57			
710	N. REMOVAE (Specify) 3 165 246 NAME OF CEMET	Culvary Ce	CATION (City, to Info	el nul			
D. L.	TE RECEIVED BY REGISTRAR'S SIGNATURE AR 1 5 1951	OS FURBAL DISTER	blead	DORESCH &			
-111	VS 150	10 11	11,001 6	w.			
1	1208A	, Lewis	a price -	13B			



BALTIMORE CITY HEALTH DEPARTMENT

51 2428 Registered No.

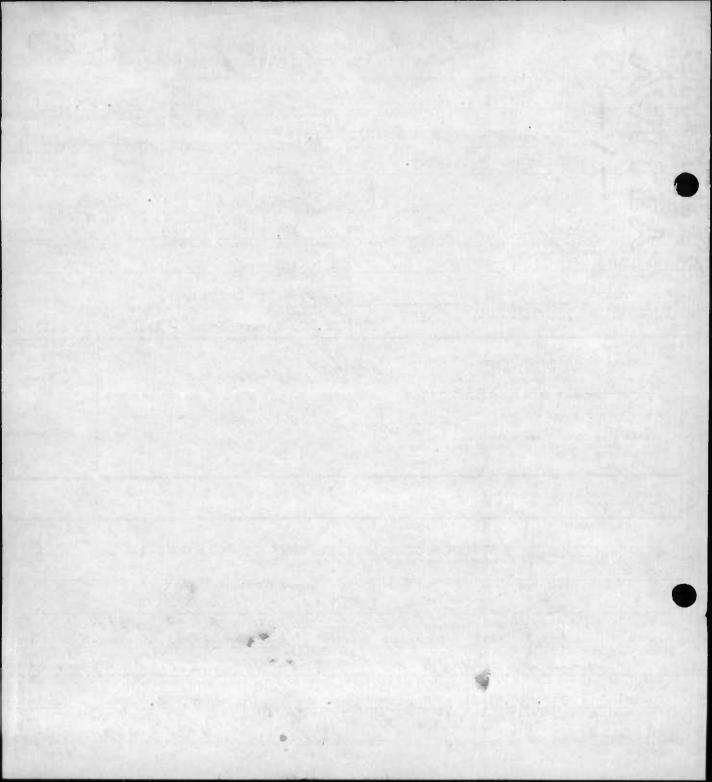
В	RTH NO.			LERIFICATI	E OF DEATH	registereu N	0.
1. (T	NAME OF D	ELIZA	RETH	7	MENTZEL	2. DATE OF 3-/	4-51
	PLACE OF D		· OO I N		4. USUAL RESIDENCE (Where deceased lived, If i	nstitution ; residence
В.	FULL NAME	OF (If not in hospit	al or institutio		A. STATE	B. COUNTY	before admission)
	SPITAL OR	ARYLAND (SVEDA	L Hospital		f outside corporate limits	write RURAL and give township)
4			PANEKH	Yrs.	BALTIMOR		
	Length of s	tay in Baltimore		Mos. Days	3700 N. CHA		4 10
5.	SEX	6. COLOR OR RACE	7. SINGLE.		8. DATE OF BIRTH	9. AGE (In years) #	Inder I Year If Under 24 Homs ths: Days Hours: Min.
	F	WHITE		SINGLE	MAY, 17, 1868	82	
worl	done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f		12, CITIZEN OF WHAT COUNTRY?
13	. FATHER'S N	NAME			MARYLAN.	D I AME	U.S. A.
	+	LENRY ME	VIZEI		ELIZABET	HATHOMAS	
15 (Ye		ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	A	DRESS
_	No	(1170)	0. 50. 100)	SECURITY NO.	MRS. H.C. JONES	3516CL	IFTON ANE
	18. 49	1X and	170×	CAUSE	OF DEATH		INTERVAL BETWEEN
		E OR CONDITION	TH	Ben	Call a Comme		2.11
	heart failu	not mean the mode or re, asthenia, etc. It mea complication which of	ns the disease,	DUE TO	CHOPNEUMONI	A	2 w K 5
	injusy of	ANTECEDENT CAUS	71111111	DOE 10			
Z	5105105			(в) НУР	ERTENSIVE LA	RDIOVASCULAR	10.YRS,
TIC	RISE TO T	S OR CONDITIONS, 11 HE ABOVE CAUSE (A) ING CONDITION LA	STATING THE			DISEASE	
ICA	ONDERE	THE CONDITION CA	31.	(C)			
TIF	071150 0	11					
CERTIFICATION	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED	PALYCI	STIC RIGHT	NIDHE.	Soyon
				INDINGS OF OPER	ATION	MUNEY	20. AUTOPSY?
CAL	7/3/	50		INOMA OF		EAST	YES NO
EDICAL	LYING OF	ENT WAS UNDER-		E OF INJURY (e. g., in m,factory,street,officebldg.,e		If in Baltimore City, gi	ve exact location)
Σ	21D. TIME	(Month) (Day) (Year)	(Hour) 2	IE. INJURY OCCURRI	ED 21F, HOW DID INJUR	Y OCCUR?	
	OF INJURY			NOT WHILE			
	22. I hercb	y certify that I att			- 19 , 1951, to 3	-/4 ,195	that I last saw the
	deccased al	live on 3-14	_, 19 <u>57</u> , an	nd that death occur	red at 2 35 Pm., from	the causes and on the	e date stated above.
	23A. SIGNA	TURE	a on	and of	3B. ADDRESS	196-1	23c. DATE SIGNED
	A. DURIAL.		24	C. MAME OF CEMETE	RY OR CREMATORY 24p. 1	OCATION (City, yown, o	or county) (State)
110	Surva (S	2 3/16	151	Greenm	ount &	allo, Mi	d ·
	TE RECEIVE	DAD OF A Se	SISIGNATION	supply the	25 FUNERAL DIRECTOR	1. 1	ADDRESS / 15
	MAR 151	951			Vom. J.	relever 1x	no valo
	VS 150		The state of		1- 3		50
							20

5	20
51	2429
BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	7.1	64.49
Registered	No	

BIRTH NO.				
1. NAME OF DECEASED (Type or Print)	TTIE E. JONES	2	OF	
HOSPITAL OR	al or institution, give street address o location as Falls Pkwy•	Md.	e deceased lived. If institution ; residence B. COUNTY before admission)	
Length of stay in Baltimore	Yrs, Mos. Days	o. STREET ADDRESS (If rura		
5. SEX 6. COLOR OR RACE female white 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 13. FATHER'S NAME	7. SINGLE MARRIED, WIDOWED DIVORCED (Specify Married 10B. KIND OF BUSINESS OR INDUSTRY At Home	July 13, 1870 11. BIRTHPLACE (State or foreign Maryland	last birthday) Months Days Hours Min. 80 12. CITIZEN OF WHAT COUNTRY?	
John Burkins		Mary Ellen Logan	DEATH Mar 13, 1951 NCE (Where deceased lived. If institution; residence B. COUNTY before admission) (If outside corporate limits, write NURALI and give township) SS (If rural, give location) S Falls Pkwy 9. AGE (In years last birthday) Months Days Hours Min. 80 ate or foreign country) DEN NAME Logan ADDRESS GWYNNS Falls Pkw INTERVAL BETWEEN ONSET AND OEATH IR hus. 20. AUTOPSY? YES NO DO (If in Baltimore City, give exact location) NJURY OCCUR? to 3 - 13, 1947, that I last saw the from the causes and on the date stated above. 23c. DATE SIGNED 24d. LOCATION (City, town, or county) (State)	
15. WAS DECEASED EVER IN U.S. ARMEE (Yes, no or unknown) (If yes, give war or date)	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS s - 3325 Gwynns FallsPkv	
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complication which complication which complication which complies to the ABOVE CAUSE (A) UNDERLYING CONDITION LA OTHER SIGNIFICANT CONDITION TRIBUTING TO THE OEATH, BUT TO THE DISEASE OR CONDITION	DIRECTLY I'H If dying, e.g., ns the disease, aused death.) SES FANY, GIVING STATING THE ST. (C) TIONS CON- NOT RELATEO	hal hemorhay		
T T	9B. MAJOR FINDINGS OF OPE		YES NO	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) 22. I hereby certify that I att deceased alive on 3 - 13 23A. SIGNATURE 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial Mar. 16	ended the deceased from / ~., 1957. and that death occu	PED 21F. HOW DID INJURY OF Tred at 11.53 Mayrom the ease 23B. ADDRESS 260 + James 24D. LOCA	n, Md.	
VS 150			83a/MA.	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 2430

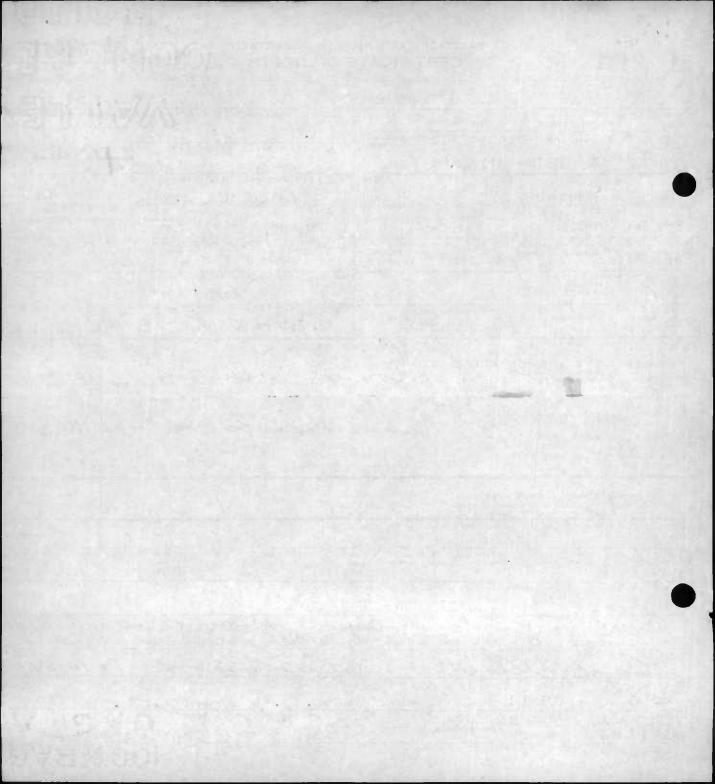
B	IRTH NO.						
1.	NAME OF Drype or Print)	11-	EARY T	DVIOR		2. DATE OF M	AR-14,1951
	PLACE OF E		-ENKY /	Ajwi	4. USUAL RESIDENCE (V		
В.	FULL NAME		ital or institu	tion, give street address or		BAC	
ΙH	HOSPITAL OR INSTITUTION UNION MEMORIAL HOSP				c. CITY OR TOWN (If	Att.	its_write IVUR Land give
4	4	,,,,	770101770		BALTIMO		township)
	anoth of	stay in Baltimore	5	Yrs. Mos.	D. STREET ADDRESS (If		VAY
5	. SEX	6. COLOR OR RACE	7. SINGL	Days Days	8. DATE OF BIRTH		
	M	w	WIDOV	VED, DIVORCED (Specify)	NOV,15 1897	last birthday) M	Ionths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind	f 10B. KINI	O OF BUSINESS OR	11. BIRTHPLACE (State or fo		I 12, CITIZEN OF
wor	secret	of working life, even if retired	Ship	Chandler	MARYU		WHAT COUNTRY!
13	FATHER'S	NAME	1	1 CR	14. MOTHER'S MAIDEN NA	AME	0 3/7
			AYLOR	(r)	MARY ELIZABET	HROLLISON	(0)
15 (Ye	5. WAS DECEAS	ED EVER IN U. S. ARMI	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	, ,	ADDRESS
_	U			SECORITI NO.	Mrs. H L. Taylo	y wife	Same
	18. 42	0.1.		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY	adling	APRIMI TURA	Tinal	ONSE! AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart follows arthur as I.						
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO CORONARY DECLUSION						
	ANTECEDENT CAUSES						
Z	DISEASES OR CONDITIONS, IF ANY, GIVING						********
Ĕ	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST,						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED							
TIF		11					
R		IGNIFICANT CONE					
Ü	TO THE D	ISEASE OR CONDITIO	N CAUSING	т			
7	19A. DATE C	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY7
EDICAL	21A. ACCIE	ENT WAS UNDER-	218. PL	ACE OF INJURY (e. g., ie	o or 21c. WHERE DID (I	f in Baltimore City,	give exact location)
MED	LYING O	R CONTRIBUTING		farm, factory, street, office bldg., e			
4	21D. TIME	(Month) (Day) (Year	r) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	J. III.		m.	WHILE AT NOT WHILE			
	22. I hercb	y certify that I at	tended the	deceased from Mi	9R - 8 , 1951, to M	PR. 14 195	El that I last saw the
	deccased a	live on MAR. 19	1. 1951	and that death occur	rred at 10: 50 Am., from to	he causes and on t	the date stated above.
	23A. SIGNA	TURE .	,	2	3B. ADDRESS	16100	23c. DATE SIGNED
	Kuh	and Jeac	h.	M. D.	Micor Helmorial /	soful	3-14-51
TI	SURIAL, SON SEMOVAL (S	CREMA- 24B. DATE	1	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LO	OCATION (City, town	or county) (State)
1	suria	1 3/16	151	Loudon	P18. 150	UTO., 1%	d·
	ATE RECEIVE	RAR REGISTRA	S SIGNATA	TEATURA, MARCI	25 FUNERAL DIRECTOR	77 - 0//	ADDRESS
	MAR 151	951	3		VIM. J. Vice	ener & Sp	no: ballo
	VS 150		1.00	350	65	a	in mid.

SELECTION OF A PARTY AND A SECOND PORT OF A PARTY AND and Daily and Transferred LIDAY TO BE SEED TO SEE

BALTIMORE CITY HEALTH DEPARTMENT

T Registered No. 2431

B1	RTH NO.	C.1 L.		CLIVIII ICAII	L OI BLAITI		
1.	NAME OF D					2. DATE	
(1)	ype or Print)		MARTHA	ANNA MacDONAL	JD	OF DEATH	Mar. 13. 1951
3. A.	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (W		. If institution : residence
HO	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit	al or instituti	on, give street address or location)	c. CITY OR TOWN (If	outside corporate	mits, write kur AL and give
1	STITO HOR	218 Mallow	Hill Ro	d.	Baltimore	1.8	township)
				Yrs.	D. STREET ADDRESS (If	rural, give location)	
C.	Length of s	tay in Baltimore		Mos. Days	218 Mallow Hil	1 Rd.	
5.	SEX	6. COLOR OR RACE		. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under I Year If Under 24 Hours Months; Days Hours Min.
	Female	White	Ma	ED DIVORCED (Specify)	July 20, 1881	69	
work	done during most,	CUPATION (Give kind of f working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	nousewii	6	At Hor	ne	Kentucky		
13	. FATHER'S N				14. MOTHER'S MAIDEN NA	AME	. /
	Charles				? Buck	ley	
15 (Yes	. WAS DECEASI	D EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	по		maced	none	Mr. Hubert MacD	onald 218	8 Mallow Hill Rd
CERTIFICATION	(This does heart failu injury or DISEASES RISE TO TUNDERLY OTHER STRIBUTING TO THE D	SE OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, II HE ABOVE CAUSE (A) 'ING CONDITION LA II IGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	I'H If dying, e. g If dying, e. g It dying, e. g It dying, e. g It disease I death I d	(B) Character (C) (C)	ny Deelo		
AL	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?						
MEDICAL	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21b. PLACE OF INJURY (e.g., in or ly linguistic place) 21c. WHERE DID (If in Baltimore City, give exact location)						
	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT HOT WHILE AT WORK AT WORK						
	22. I hereh	u certifu that I att	ended the	deceased from Qu	1048+ Dec	2.13 19	51, that I last saw the
	deceased a	line on 3 · 13	195/	and that death occur	red at 12.15 m., from ti	he causes and or	the date stated above
1	23A. SIGNA		11		3B. ADDRESS .		23c. DATE SIGNED
	Mela	un 1. Jan	lago	D M.D. C	atonaville-28		3-14-51
710	A. BURIAL, CON REMOVAL (S Burial	pecify) 3/16/8	51	24c. NAME OF CEMETE Meadowridg		OCATION (City, to	wn, or county) (State)
	ATE RECEIVE DCAL REGIST MAR 1 5 1	DAD	the said that		25. FUNERAL DIRECTOR	buer &	Sons- batto
	VS 150	44	*		1		a-a ma



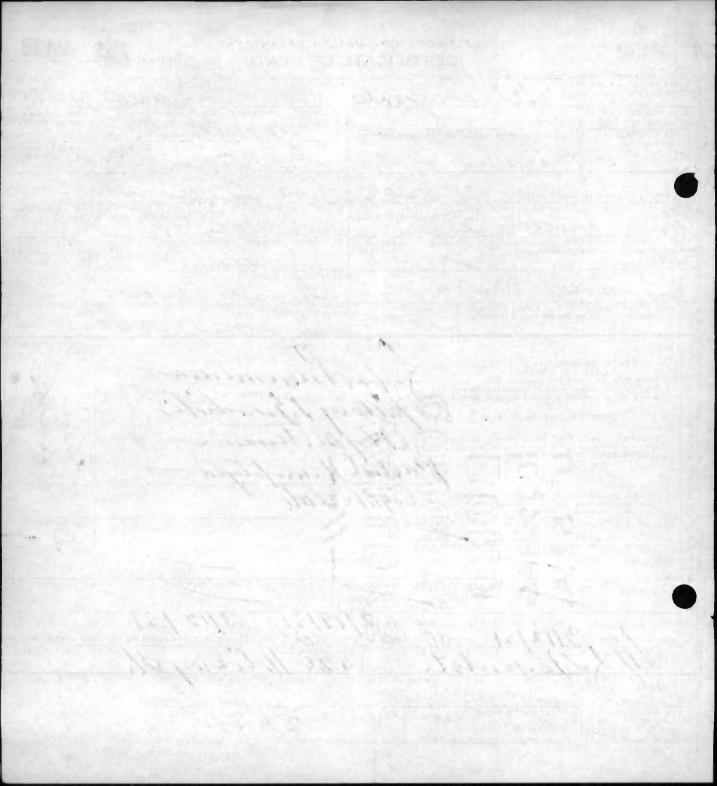
BALTIMORE CITY HEALTH DEPARTMENT

gistered No. 2432

B	RTH NO.			CERTIFICATI	E OF DEATH	Registered No	D. T. Careed
1.	NAME OF D	ECEASED	Police	1 10		2. DATE	
9	PLACE OF D	EATH:	ina	fores	4. USUAL RESIDENCE	DEAMANGU	12,1951
A.	Baltimore (City, Maryland			A. STATE	B. COUNTY	before a lmission)
H	FULL NAME	OF (If not in hor	spital or institut	ion, give street address or location)	c. CITY OR TOWN	If outside corporate lim ts	write HIRAL and vive
1	STITUTION	1109 Va	ulens	St.	13 14	nine	township)
	Length of s	/ tay in Baltimore	30	Mos. Days	d'STREET ADDRESS	rural, give location)	1.
5.	SEX	6. COLOR OR RAC	MIDOW	MARRIED.	8. DATE OF BIRTH	9. AGE (In years MU last birthday) Mon	nder 1 Year H Under 24 Hours ths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kin	dof 10B. KIND	OF BUSINESS OR	11. BINTHPLACE (State or		2. CITIZEN OF
Wor	defeddring most	f working life, even if reti	red)	MINDUSTRY	Milain	in	WHAT COUNTRY?
13	FATHERS	NAME /	10	0 0	14. MOTHER'S MAIDEN	NAME	, ,
	Zin	dely,	row	and	Minnie	ldwarde	
15 (Ye	s, no or nnknown)	D EVER IN U. S. AR	MED FORCES? dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	1100 NO	TRESS aurens St
	18. 49	~ <		A /	numes runnie	in 1109 W	INTERVAL BETWEEN
	/ /	E OR CONDITION	N DIRECTLY	J. USE	OF DEATH	1	ONSET AND DEATH
		LEADING TO D	EATH	Jahan	1 numo	nua	.10
	heart failu	re, asthenia, etc. It complication which	means the diseas	e,		11,	W
		ANTECEDENT CA		Camillo	uy Innes	letis	1 1 1
Z			1	(B)	1, 4		4 4
10	RISE TO T	HE ABOVE CAUSE	(A) STATING TH	HE DUE TOLY	persenses	ne .	6.26
CA	UNDERL	ring condition	LAST.	Way 1.11	11. 10	10.	V Na
E	180	11		1 anna	18 confelige		
ERT	TRIBUTING	IGNIFICANT CO	UT NOT RELATE	D LUJIII	Roll		
0		F OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
AL		0					YES A
EDICA	21A. ACCIDE HOMICIDE	(Specify)	21B. PLA about home, f	CE OF INJURY (e. g., i. arm, factory, street, office bldg.,	n or 21c. WHERE DID	(If in Baltimore City, gi	ve exact location)
Σ		(Month) (Day) (Ye	ear) (Hour)	21E. INJURY OCCURB	ED 21F. HOW DID INJUI	RY OCCUR?	
9	OF INJURY	1	m.	WHILE AT NOT WHILE			
	22. I hereby certify that I attended the deceased from 2/19/51, 19, to 3/12/5, 19, that I last saw the						
	deceased a	live on 2/12		and that death occur		the causes and on the	
	23A. SIGNA	Lilan	had	ale M.D. 2	576 Hi Cen	esecrish	3/12/1951
2.	AA. BUBIAL (S	REMA- 4B. DAT	E	24C NAME OF CEMETE	RY OR CREMATORY 240.	LOCATION (City, town, o	r county) (State)
1	Ouria	1 march	15,1951	arbulus 1	nem. Mc. O.	attimere C	v. md.
	ATE RECEIVE		AR'S SIGNATU	RELIEVA, MUNICIPALITY	25. FUNERAL DIRECTOR	Huneral	Adonessine
=	MAR 1 5	1951	3		163100	uid Stil	I ave

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT

gistered No. 2433

В	IRTH NO.		C	ERITFICAT	E OF DEATH	Registered IV	
	NAME OF Type or Print)		da l	utante		2. DATE OF BALLEN	0 12, 1951
	Baltimore	DEATH: City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, If	institution: residence before admission)
H	FULL NAME		pital or institution	n, give street address of location		(If outside corporate limits	s, write RURAL and vive
11	STITUTION	1636	Bruce	Ct.	Balte	more 1	5 (township)
			£ 1	Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	
	Length of	stay in Baltimore	E 7. SINGLA.	MAJRIED.	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year It Under 24 Hours
رُخ	emale	Colored	WIDOWE	D, GOORCED (Specify	Feb. 14. 188		nths Days Hours Min.
		CCUPATION (Give kion tof working life, eveo if retir		BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	A FATHER'S	NAME	Tor.	Lamely	14. MOTHER'S MAIDEN	NAME IN	W. S. W.
	ta	mes 7	ack,		March	Televier	
15 (Ye	. WAS DECEAS	SED EVER IN U. S. ARM	MED FORCES?	16. SOCIAL SECURITY NO.	17 NFORMANT	2 / AL	DDRESS /
				0	Lawrence Po	act 1636	Bruce Cr.
	18.	42× 1		CAUSE	OF DEATH	A ANN THE	INTERVAL BETWEEN
		ASE OR CONDITIO	EATH	Car	elizal Her	unchase	. 2 dass
	heart fail	es not mean the mod lure, asthonia, etc. It n	neans the disease,			1	00000
	injury 0	r complication which		DUE TO		000	
Z		ANTECEDENT CA		عيم)	leo-revol (Adeulae	
TION	RISE TO	ES OR CONDITIONS THE ABOVE CAUSE (A) STATING THE	DUE TO TO	eade		
FICA	UNDER	LYING CONDITION	LAST.				
TIF		11		(C)			
ERT	TRIBUTIN	SIGNIFICANT CON	UT NOT RELATED				
U		OF OPERATION		INDINGS OF OPE	RATION		20. AUTOPSY?
CAL							YES NO
MEDICA	HOMICIDE	DENT, SUICIDE, (Specify)		E OF INJURY (e. g., n,factory,atreet,office bldg.		(If in Baltimore City, g	rive exact location)
(F INJURY	(Month) (Day) (Ye	wн	E. INJURY OCCURE		URY OCCUR?	
	22. I here	by certify that I o	ittended the di	eceased from 12	190 to	3-12- 1957	that I last saw the
	deceased of	- 9 11	1957, ar	ed that death occu	rred at 536 p.m., from	m the causes and on th	
	23A, SIGN	TURE 00	IN OF		S/bn, More	125	3-14-51
2.	4A. BURIAL,	CREMA- 248. DATE	24	c. NAME OF CEMET		LOCATION (City, town,	
1	ON, REMOVAL, O	3/15	11951	arratus	hem. P.K. a	Gattimine	. C. hel.
	ATE RECEIVE		R'S SIGNATUR	E 9 5	25 SWERL MRECT	- Gyneral	ADDRESSION
_	MAR 1	51957 muli	14m /1866	alle, Min	16310	wist Itil	/ anl.
	VS 150	14.10		72	OFA		131a

The literal fractional and the second of the The little street The Standard Contract Alexander Shared St. William State I. Je 36. market to the contract of the Description of the second The San Same of the State of the Later Selection Charace Tell Hot Some D. Many of the second second second Sandy Sandy and Sandy SECOND CONTRACTOR OF SECOND CO with applying a collection show the many things to the The state of the s

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 2434

B	RTH NO.	()4		CERTIFICATI	- OF DEATH	Registered	140
	NAME OF D Type or Print)	JOHN NE	WMAN RU	MLEY		2. DATE OF DEATH	March 14, 1951
B.	FULL NAME	City, Maryland	al or institut Hospits	ion, give street address or location)	4. USUAL RESIDENCE A. STATE VA C. CITY OR TOWN	B. COUNTY	If institution: residence before admission)
11	NOTION	Pk. Drive & 3			Norfolk		township)
1	Length of s	tay in Baltimore	87 d	Yrs. Mos. Days	d. STREET ADDRESS 425 Bayview	f rural, give location) Blvd.	
	SEX	6. COLOR OR RACE	7. SINGLE WIDOW W10	E, MARRIED, (ED, DIVORCED (Specify)	8. DATE OF BIRTH 8/16/74	9. AGE (In years hat birthday)	Months Days Hours Min.
WOL	Chief En		10B. KINE	O OF BUSINESS OR INDUSTRY Seafarer	11. BIRTHPLACE (State or NC	foreign country)	12. CITIZEN OF
	John R	tumley			Susan Fulfor	NAME	
15 (Ye	S. WAS DECEASI	ED EVER IN U, S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO. 229-12-7661	17. INFORMANT Records-US M		ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED							5 YEARS
EDICAL CE	19A. DATE C		CAUSING 1			Old in Dalling Cla	20. AUTOPSY?
MEDI	CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)	(Hour)	arm, factory, street, office bldg., e	(c.) INJURY OCCUR?	(If in Baltimore City,	, give exact location)
24	22. I hereb deceased al 23A. SIGNA	live on Mar. 14	ended the 19 51	deceased from Dec and that death occur	to 17, 19 50 to red at 11:50 Am., from 38. ADDRESS US Marine Hospi	the causes and on	the date stated above. 23c. DATE SIGNED
The Division of the Party of th	ON, REMOVAL (S) ATE RECEIVED CAL REGIST VS 150	D BY REGISTRAR	51 S SIGNATU	Oceans V.	25. FUNERAL DIRECTOR	and Tarking	ADDRESS (State)
							749

13 Page 1 24 - 24 NO SECTION OF SECTION AND AND . Dr. Till Swifterun St. A STATE OF THE STA T/ Net 1 and the state of t

51 2435

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2435

BI	RTH NO.							
	NAME OF D	ECEASED	Bras	elield		2. DATE OF DEATH Ma	reh 13. 1951	
Α.		EATH: City, Maryland /2	o o Valle	en Street	4. USUAL RESIDENCE	Where deceased lived. I	finstitution: residence before admission)	
H	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)		f oviside corporate lim	its, writeRURAL a dgive	
7	ISTITUTION	the Sisters	al +h	Press	Bal	Lucisa	(downship)	
		20000	0	Yrs.	D. STREET ADDRESS (II	rural, give location)	1	
		tay in Baltimore		Mos. Days	12000	alleys	V	
5.	SEX	6.COLOR OR RACE	7. SINGLE	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	If Under I Year It Under 24 Hours Ionths Days Hours Min.	
10	enale	CUPATION (Give kind of	108 KINE	OF BUSINESS OR	7el. 17, 1870	foreign country)	LIO CITITEN OS	
worl	done during most	of working life, even if retired)	TOB. KITTE	INDUSTRY		oreign country)	12 CITIZEN OF WHAT COUNTRY?	
13	FATHER'S	NAME	-		14. MOTHER'S MAIDEN N			
	1	sa bai a a tra			un kanse	tas 1		
15	. WAS DECEAS	ED EVER IN U. S. ARMET	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	,	ADDRESS	
(30	,			SECORITI NO.	Little Sisters of	the Pase	1200 Valley St	
	18. 47	12.1.	THE STATE	CAUSE	OF DEATH		INTERVAL BETWEEN	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Officers, Muse of Condition								
	(This does	s not mean the mode oure, asthenia, etc. It mes	of dying, e.	B., (A)	monic //19	semenus	0 90	
	injury or	complication which	eaused death	.) DUE TO				
		ANTECEDENT CAUS	SES	(1)	Merios de	rosis	10 yes	
ATION	RISE TO 1	S OR CONDITIONS, 1 THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	VG HE DUE TO				
FIC								
		11		(C)		101 .		
ERT	TRIBUTIN	GIGNIFICANT COND	NOT RELATE	ED				
C		F OPERATION 1		FINDINGS OF OPER	RATION	20. AUTOPSY?		
SAL		U					YES NO	
MEDICAL	HOMICIDE	ENT. SUICIDE, (Specify)	about home,	ACE OF INJURY (e. g., i arm, factory, street, office bldg.,	etc.) 21c. WHERE DID (etc.) INJURY OCCUR?	If in Baltimore City,	give exact location)	
4	2 1D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR		Y OCCUR?		
			m.	WHILE AT NOT WHILE				
		y certify that I att		account from		mch13, 195	1, that I last saw the	
	deceased alive on Mcl. /2 -, 195/, and that death occurred at 6 300 m., from the causes and on the date stated above.							
	23A, SIGNA	Co-Till	Hall	Ma M.D.	9 -	rch ave	mch/6 5/	
710	AA. BURIAL,	CREMA- 24B. DATE	11.19.7	24C. NAME OF CEMETE	ERY OR CREMATORY 240	AS SIMANONE	n, or county) (State)	
	ATE RECEIVE		S SIGNATU	IRE E	25. FUNERAL DIRECTOR	200 F	ADDRESS D. A.O. C.	
-	MAR 15	1951 - who g	11 / 11 VCL	each of Marie	upila Wieau	tra 1000	Julane of	
	V\$ 150	21				V	920	

per the publication of the Commence of the second of the

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 2436

B	IRTH NO.	CERTIFICAT	E OF DEATH	registered it	J.
1. (T	NAME OF DECEASED Type or Print)	6. K	usT.	2. DATE OF DEATH NO	0: 11/1957
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE	(Where deceased lived, If i	nstitution: revidence hefore admission)
9. H	FULL NAME OF (If not in hospital or institu	ntion, give street address or location)	الماليطين	(If outside corporate umit)	wite RULAL and give township)
	LOS SU. PRATT.	- St Yrs.	O. STREET ADDRESS		10 (4) (11)
	Length of stay in Baltimore	Mos. Days	2.50 F	Vest- Per	T7- 12
5.	6. COLOR OR RACE 7. SING	LE. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH		Inder I Yest If Under 24 Hours ths: Days Hours: Min.
	Emale White Man	eried	WAN. 17-189	2 59	
wor	k done during most of working life, even if retired)	D OF BUSINESS OR		r foreign country)	12. CITIZEN OF WHAT COUNTRY?
	B. FATHER'S NAME	Home	14. MOTHER'S MAIDEN	NAME	USA.
1	charles Boals	0.0	Linkuou		
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yee, give wer or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
	No	SECONTI NO.	William	Must	Se- Jame
	18. 170 × 1		OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	MOTO	astatic Com	inoma lott	30 Months
	(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disc injury or complication which caused dea	ase,	preast		
	ANTECEDENT CAUSES	in.) oce 10			
Z				*************************	
TIC	DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.				
FICA	Control Carlo				
RTIF	OTHER SIGNIFICANT CONDITIONS CO	(C)	•		
EF	TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TEO DIADET	es mellitus		melion
7	194. DATE OF OPERATION 198. MAJO	R FINDINGS OF OPER	RATION		20. AUTOPSY?
CA	Learfill	ACE OF INJURY (o. g., i	in or 21c, WHERE DID	(If in Baltimore City, g	ye exact location)
EDI		e, farm, factory, street, office bldg.,			
Σ	Plo. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
	m.	WHILE AT NOT WHILE AT WORK			
	22. I hereby certify that I attended th	e deceased from Ja		March 11 , 1951	that I last saw the
	deceased alive on March 1, 1951 23A. SIGNATURE		rred at M. m., from	the causes and on th	e date stated above. 23c. DATE SIGNED
	Nathan Racus	m, D.	206 S. Gilm	z st.	3-14.51
2.	4A. BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETE	BY OR CREMATORY 240	LOCATION (City, town,	or county) (State)
/	OURIBL. 3/15/51	Lourains	Park. be	Loo Slaver	- Olled
	ATE RECEIVED BY REDISTRAR'S SIGNAT	URE	25 EUNERAL DIRECTO	+ N	ADDRESS
M	AR 151951 Justington / 1/1	waster that	· Wellsper	TAGON 10	ca Custació f
1	VS 150	4 4 4 4		1 5	10-1

LATTIN THE STREET STREET STREET South Same Till a march The state of the contraction of the state of and the second sales of the mainer surface to

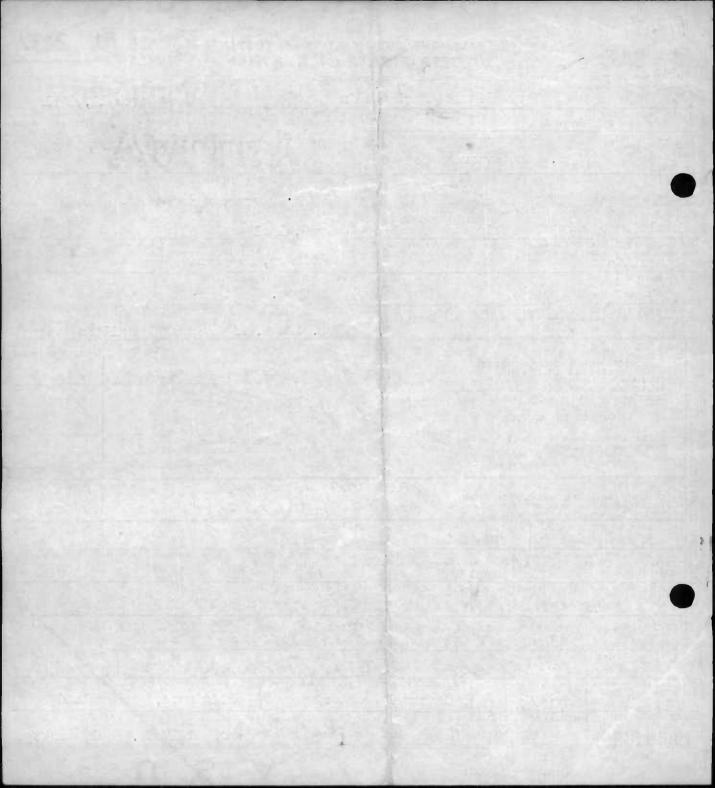
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2437

BI	RTH NO.			CERTIFICATI	E OF DEATH	, Registered	***************************************	
-	NAME OF D	ECEASED				2. DATE		
(T	ype or Print)	Mar	ry Eliza	abeth Schuehle	in	OF DEATH Hard	oh 13 1051	
	PLACE OF D		1000		4. USUAL RESIDENCE	E (Where deceased lived. I	If institution; residence	
		City, Maryland			A. STATE	B, COUNTY	before admission	
B.	FULL NAME	OF (If not in hospit	al or institut	tion, give street address or location)	Maryland	(TC 1-2 1-69)	12	
IN	STITUTION	137 S. Eas	t Aven		C. CITY OR TOWN	(If outside corporate lim	its, wite BURAL and give	
0	0				Baltimore		A. Comment	
				Yrs. Mos.		(If rural, give location)		
		tay in Baltimore		Days	137 S. East			
5.	SEX	6.COLOR OR RACE	7. SINGL	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	f Under 1 Year fi Under 24 Hours Ionths Days Hours Min.	
-	female	white	Widow		July 9. 1861	89	Days Hours Min.	
10	A. USUAL OC	CUPATION (Givekinde)	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (Stat		12. CITIZEN OF	
worl	housewif	of working life, even if retired)		INDUSTRY	Baltimore, M	ervland	WHAT COUNTRY	
13	FATHER'S		1		14. MOTHER'S MAIDE			
		? Eck				n NAME		
4.5	Wild Brories				Mary C.	6		
(Ye	s, no or unknown)	ED EVER IN U.S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
					Mrs. Ida E. I	Dieter, 6008 Ha	milton Avenue	
	18. 45	s. D and	E 900	. A CAUSE	OF DEATH		INTERVAL BETWEEN	
	(E OR CONDITION					ONSET AND DEATH	
	(This does not mean the mode of dying, e.g., (A) ARTERIUSCUEROSI, VENTRALIZED							
	neart innure, astnema, etc. it means the disease.							
	injury or complication which caused death.) DUE TO CERTIFICATION AND ROLL OF THE COMPLEX CONTROL OF THE COMPLEX CO							
		ANTECEDENT CAUS	SES		1110	The fact of the fa	1923	
Z	DISEASE			(B)	A A	Λ		
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
CAT	UNDERLY	ING CONDITION LA	AST.	(C)	CHIEF OR ASST.	MEDICAL EXAMINER		
FIC				(0)				
RTIF		П		FRACTO	MO LEFT M	tIP	IMO.	
04	TRIBUTING	IGNIFICANT CONDI	NOT RELATE	D CANGER			11100	
CE	TO THE D	SEASE OR CONDITION	CAUSING I	T		F175/1		
4	19A. DATE	F OPERATION 1	1-10	FINDINGS OF OPER	11 10		20. AUTOPSY?	
CA	4/1	7/29		CTUAF LEF			YES NO	
EDI		ENT WAS UNDER	ebout home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	to.) INJURY OCCUR?	(If in Baltimore City,	give exact location)	
A E	CAUSE OF	DEATH	Ho.	ME	137 S.E.	151 AUG.		
7	ID. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR		JURY OCCUR?		
	INJURY	FEB. 14 1951	18	WHILE AT NOT WHILE	TRIPPED	OUGR STEB	2.	
	00 77 7							
	22. I nereo	y certify that I att	tended the	deceased from	C 300, t	· MARCH 13, 19	, that I last saw th	
			7,1921,	and that death occur	red at 012 dem., fr	om the causes and on		
ы	23A. SIGNAT	1 (3)	de	/	3B. ADDRESS	in a A.m	23C. DATE SIGNED	
		amen of	Jules		121 J. HISH		10/10/01	
710	A. BERIAL ON, REMOVAL (S	DREMA- 24B. DATE				4D. LOCATION (City, town		
	burial	3/16/57	-0	Immanuel Cem	etery	Baltimore,	Haryland	
D	ATE RECEIVE	D BY REGISTRAR	SSIGNATI	RE	25. FUNERAL DIRECT	TOR	ADDRESS	
-	MAR 151		took	Miana, Mil	Him. Coth	Inc. 1217 St.	Paul Street	
=	VS 150	- Lucial	THE COLUMN	777-200-70-51				
	A2 120		100				4.0	

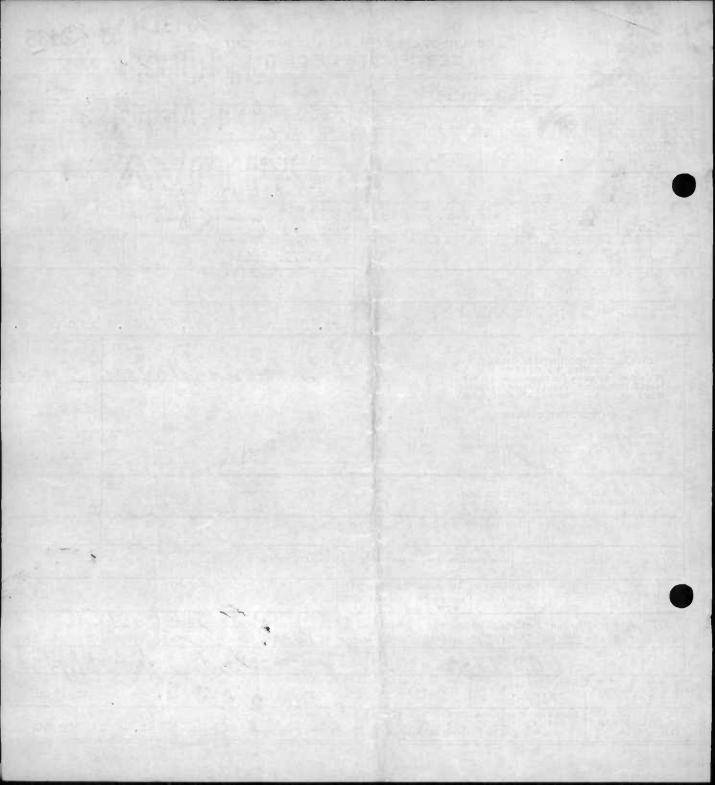
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BALTIMORE CITY HEALTH DEPARTMENT

51 2438

-4 -50 -6.46			CERTIFICATI	E OF DEATH	Registered	170		
BIRTH NO.								
1. NAME OF C (Type or Print)		e Kinna	aird		OF Marc	h 12, 1951		
3. PLACE OF D				4. USUAL RESIDENCE (V				
	City, Maryland	1 1 11 11		A. STATE	B. COUNTY	before admission)		
B. FULL NAME HOSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)		antaida sonna ath lim	- 7		
INSTITUTION	1304 N. Kenw	ave book			outside corporate inn	its write TURAL and give township		
0.0	2014 110 110111	.000 127	, , ,	Baltimore	11			
			Yrs.		rural, give location)			
ength of s	stay in Baltimore		Mos. Days	1304 N. Kenwo	od Avenue			
5. SEX	6. COLOR OR RACE	7. SINGL	. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours		
female	white	WIDOW	/ED, DIVORCED (Specify)	June 1, 1870	last birthday) M	onths Days Hours Min.		
	CUPATION (Give kind of of working life, even if retired)	10B. KINL	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY		
housewi	fe			West Virginia				
13, FATHER'S	NAME			14. MOTHER'S MAIDEN N.	AME			
	Reese Reed			?				
15 WAS DECEASE	ED EVER IN U. S. ARMEI	0 5000500	1 40 000141	•				
(Yes, no or unknown)	(If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
				Mrs. Mildred Pit	ipau, 1304 l	. Len ood ave.		
(This doe heart failt injury or DISEASE RISE TO	SE OR CONDITION LEADING TO DEA's not mean the mode oure, asthenia, etc. It mea complication which of ANTECEDENT CAUSES OR CONDITIONS, ITHE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, c. g ns the discas caused death SES F ANY, GIVIN STATING TH	e,) DUE TO (B)	Addlson	1 VIALS	se 5 yrs		
OTHER S TRIBUTING TO THE E	II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE CAUSING 1	T					
J 19A. DATE	OF OPERATION 1	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?		
Ö -		1 01- B	ac oc musey /	Loss willens bin (i)	I dia Daldiana Cita	YES NO L		
LYING OF		about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		give exact location)		
ID. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJUR	Y OCCUR!			
		m.	WHILE AT NOT WHILE					
deceased a	22. I hereby certify that I attended the deceased from 15, 195 to Wood 12,195, that I last saw the deceased alive on 10, 195, and that death occurred at 10.354 m., from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRESS 23B. ADDRESS 23C. DATE SIGNED							
24A. BURIAL,	CREMA- 248. DATE	1 Car	M. D.		OCATION (City, town	n, or county) / (State)		
TION, REMOVAL	Specify)			omet entr	ltimore,	Maryland		
burial	3/15/5	1	Baltimore C		Tours,	mar/Tind		
DATE RECEIVE		S SIGNATU	JRE () C	25 FUNERAL DIRECTOR	14 14 14	ADDRESS		
MAR 151	951 Franki	atom Mi	Want, H. S.	Nm. Gook, In	c., 1217 St.	Paul Strest		
VS 150					6	5a		

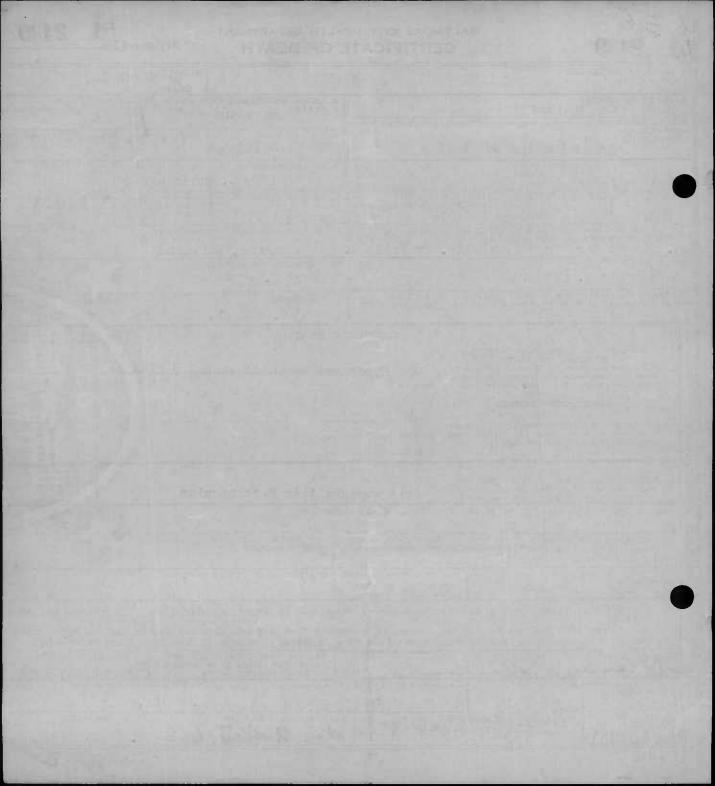


errorms, important. Informatis, prease write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2439

	NAME OF D	ECEASED	LOUIS	K	RAMER	of March	14, 1951		
Α.		City, Maryland			4. USUAL RESIDENCE (Maryland	D COUNTY	stitution : residence before admission)		
H	OSPITAL OR	OF f not in hospit	tal or institution	n, give street address or location)		f outside corporate limits,	write & IIII A L. and give		
IN	ISTITUTION	Johns Hopkins	Hospita	1	Baltimor	·e 9-	o township)		
	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (Iff	North Ave.			
	SEX	6. COLOR OR RACE		MARRIED,	8. DATE OF BIRTH		nder I Year If Under 24 Hours		
	Male	Whit		D. DIVORCED (Specify)	June 23, 1898	last birthday) Mon	ths Days Hours Min.		
10	A. USUAL OC	CUPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country) 1	2. CITIZEN OF		
Ref	t. Street	Cur Operato	r Balto	. Transit Co	. Baltimore, M	aryland	WHAT COUNTRY?		
13	FATHER'S				14. MOTHER'S MAIDEN N	AME			
	Loui	ls W. Kraner			Mary D. Mordm	ier			
15 (Ye	. WAS DECEAS	D EVER IN U.S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS		
	,	(SECORITI NO.	Edward G. Kraner	, 3204 Elmloy	Avenue		
	18. 41	2 4		CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEA	SE OR CONDITION	DIRECTLY				ONSET AND DEATH		
	(This does not mean the mode of dying, e.g., (A)Hispartensive Cardiovascular Disease								
	heart failt	re, asthenia, etc. It mes complication which	ans the disease,	DUE TO	noiid.t.loAgt.ettek	go de per la de administra de e e e e e e e e la come la colorida de elemente de elemente de elemente de eleme La colorida de elemente de	*****		
		ANTECEDENT CAUS							
_		ANTECEDENT CAU	353	(B)					
6		S OR CONDITIONS, I					*****		
ERTIFICATION	UNDERLYING CONDITION LAST.								
10									
=		II IGNIFICANT COND							
日兄	TO THE D	nism							
7	19A. DATE C	F OPERATION 1	9B. MAJOR F	INDINGS OF OPER	ATION		20. AUTOPSY?		
CA		NAL CAUSE WAS	9 . 4 . 0	E OF INJURY (e. s., i		If in Baltimore City, giv			
EDICA		G OR CONTRIB-	about home, lari	n, factory, street, office bldg.,	etc.) INJURY OCCUR?				
Σ		Month) (Day) (Year)	(Hour) 21	E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?			
	OF INJURY			ORK NOT WHILE					
	22. I certi;	fy that I took char	ge of the re	emains described of	bove, held an Partia	Autopsy	thereon and from		
					Autopsy, inquiry, find that said d	Inspection or Inquiry			
	and de	ath in my opinion	resulted from	om: natural eauses	s 🙀, accident 🔲, suicide	\Box , homicide \Box , un	determined \square .		
	234 SIGNA		EXAMINER 23c.						
	194	uley N. D	luce	The state of the s	D. MEDICAL INVESTIGAT	or I Mar			
	A. BURIAL, C	pecify		C. NAME OF CEMETE	RY OR CREMATORY 24D. L				
	burial	3/17/5	I I	oudon Park Co		Baltimore, Man			
	TE RECEIVE	BY REGISTRAR	C CICNIAMIAD	E	25. FUNERAL DIRECTOR	4			
	CAL REGIST		SSIGNATUR	2. 4. 4. 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1		1.40	ADDRESS		
N			ator 19:0	installed C	Mm. Ent Bro	1.40			
_[\]		RAR VY	ator 1110	661 51		1.40			



BALTIMORE CITY HEALTH DEPARTMENT

51 2440

BIRTH NO.	CERTIFICAT	E OF DEATH	Registere	d No.
I. NAME OF DECEASED	,		2. DATE	2 /1/2
(Type or Print) FRANCIS DI	7015		OF DEATH	27/4/5/
3. PLACE OF DÉATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived B. COUNTY	
B. FULL NAME OF (If not in hospital or inst.	itution, give street address or location)		6 4 1	
INSTITUTION		C. CITY OR TOWN	i outside corporate i	nit, write HURAL and give township
- Collection	Yrs.	O. STREET ADDRESS (III	rural, give Kration	
Length of stay in Baltimore	Mos. Days	1029 Fra	u Klint	run Pd
5. SEX 6. COLOR OR RACE 7. SING	GLE, MARRIED, OWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	Months Days Hours Min.
YVIIW	wall (spain)	Jan. 8, 1886	65	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if patired)	ND OF BUSINESS OR	11. BIRTHPLACE (State or f	foreign country)	12. CITIZEN OF WHAT COUNTRY
Clock assembles or	reis-Bendix	Sto. mary ol	ountry, m	P
13. FATHER'S NAME	ICHO FATT	14. MOTHER'S MAIDEN N	IAME U	
15. WAS DECEASED EVER IN U. S. ARMED FORCES	? 16. SOCIAL	davina d	homps	in
(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
18. 2 2 2 V	1227-03-5457	OF DEATH	d Waves,	1029 Mankler Goo
DISEASE OR CONDITION DIRECTI		OF DEATH	. 1 /	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying,	1	or of Charlo	red pll	luca
heart failure, asthenia, etc. It means the dis lnjury or complication which caused de	ease.	E web triele	// /	
ANTECEDENT CAUSES	7	+ 1	- 0	1 11
Z DISEASES OR CONDITIONS, IF ANY, GI	(B) / dy	1- peraly	e mes	ulary
RISE TO THE ABOVE CAUSE (A) STATING		und +h	emurk	age
A CHARLETING CONDITION EAST.	(C)	<i>V</i>	***************************************	
<u> </u>				
OTHER SIGNIFICANT CONDITIONS (ATED			
TO THE DISEASE OF CONDITION CAUSING	OR FINDINGS OF OPER	RATION		20. AUTOPSY?
CAL				YES NO
21A. ACCIDENT WAS UNDER. 21B. 1	PLACE OF INJURY (e. g., i me, farm, factory, atreet, office bldg.,	n or 21c. WHERE DID (etc.) INJURY OCCUR?	If in Baltimore Cit	y, give exact location)
CAUSE OF DEATH	Louis INVIDENCE OF CURR	50 01- 110 11 515 11 115	V -0001153	
210. TIME (Month) (Day) (Year) (Hour)	WHILE AT NOT WHILE		Y OCCUR?	
m	. WORK AT WORK	2/0 (81)	7//	451
22. I hereby certify that I attended t		3/ 1901, to	3/14 , 19	I, that I last saw the
deceased alive on 3/14, 19.5	1. and that death occur	Pagadoress	the causes and or	n the date stated above
Seven M. Dul	back M.D.	funciale De	p. Soli	5 3/14/51
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 240 L	CATION (City, to	wn, or county) (State)
Burial 3/17/51	St. Johno	amelery on	of trees	- maryland
DATE RECEIVED BY REGISTRAR'S SIGNAL LOCAL REGISTRAR	TURE	25. FUNERAL DIRECTOR	2	ADDRESS
JUAR I Charl	randings, Miss.	Irm Oute,	SKG, 121	7 40 . Paul 40
VS 150	690	24		F75
		3/1		- 1/

no answer to query by 6.14.51

362	
51 2441	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2441

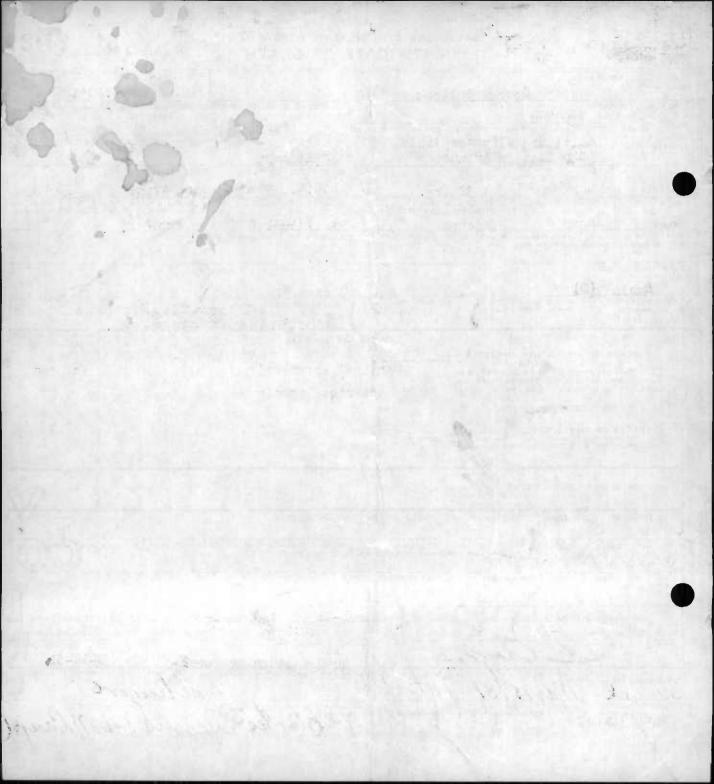
B	RTH NO.	- white					
	NAME OF C	ECEASED				2. DATE	
(,	ype or Fint)	NILLIAM	HENY	ry (HATTY)	StreAKEY	DEATH MA	rck 13.1951
	Baltimore	City, Maryland			4. USUAL RESIDENCE (Where deceased lived. I B. COUNTY	f institution : residence before admission)
		OF (If not in hospi	tal or institut	ion, give street address or		10.	1
	OSPITAL OR		-+	location)	c. CITY OR TOWN (I	f outside corporate lim	its, write RURAL and give (ownship)
	0-6	83H W.	350	Street	BALTIMO	re 1	5-00
				Yrs.	D. STREET ADDRESS (I	f rural, give location)	
0	Length of s	tay in Baltimore	5	Meer Days	834 W. 3:	5 To Stre	ct
5	SEX	6. COLOR OR RACE		MARRIED,	8. DATE OF BIRTH	9. AGE (In year)	If Under I Year If Under 24 Hours
1	MALE	White	D .	ED, DIVORCED (Specify)	9-30-80	ast birthday)	Ionths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind o	I TOB. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or :	foreign country)	12. CITIZEN OF
wor	k done during most	of working life, even if retired	Diani	INDUSTRY	A //	^	WHAT COUNTRY?
4	FATHER'S		DLACK	4 DECKEY	14. MOTHER'S MAIDEN N		14.5.A.
	11	1/ 04.	242	CITUOUS (M)	14. MOTHER'S MAIDEN	IAME	
	HENT	ry Stra	AKE		ANNIE C	LAYK	
(Y	5. WAS DECEAS m, no or unknown)	ED EVER IN U.S. ARME (If yee, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	NONG		232-26-6187	MY OSCAY SE	reaker. 5	YHOSVILLEMD
	18. /	20.1.		CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION	DIRECTIV	0			ONSET AND DEATH
	(This does not mean the mode of dying, e.g., (A) Coronary Ollusion I home						
	henrt fail	s not mean the mode ure, asthenia, etc. It me	or dying, e. i ans the diseas	e, (A)		***************************************	
	injury or	eomplication which	eaused death	.) DUE TO	, /	Λ	
		ANTECEDENT CAU	SES	(1)	man He	and Bleac	and 3 cylais
Z				(B)	20 7000-7 71	***************************************	
	RISE TO	S OR CONDITIONS, THE ABOVE CAUSE (A	STATING TH	IG DUE TO			
K	UNDERL	YING CONDITION L	AST.				
FIC				(C)			
RH	OTHER	II SIGNIFICANT CONE	UTIONS ass				
111	TRIBUTIN	G TO THE DEATH, BUT	NOT RELATE	ED .			
U		OF OPERATION		FINDINGS OF OPER	PATION		20. AUTOPSY?
7	ISA. DATE	OF ERATION O	ISB, MASON	THE INCO OF CITE	ATION		YES NO
O	21A. ACCID	ENT. SUICIDE,	21B. PLA	CE OF INJURY (e. g., i	in or 1 21c. WHERE DID	(If in Baltimore City,	
EDICA	HOMICIDE	(Specify)		arm, factory, street, office bldg.,			,
Σ		(24 (1) (1)				W ACCUPS	
1	F INJURY	(Month) (Day) (Year	,	21E. INJURY OCCURR		A OCCUR!	
			m.	WHILE AT NOT WHILE			
	22. I herel	n certify that I at	tended the	deceased from	17/2 10 1948 to	mach 13, 195	I; that I last saw the
deceased alive on market 12, 1951, and that death occurred at 530 m., from the causes and on the							the date stated above.
	23 SIGNA	TURE	00		23B. ADDRESS	1-16-00	23c. DATE SIGNED
	Jeon		Eller	stlen M. D.	848 W 3	6 49	3/13/5/
2	4A. BURIAL,	CREMA- 24B. DATE		24C. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, tow	n, or county) (State)
TI	17 ! .	L 3-15	-51	SPriNGFI	ieLD 94	Kesville.	CAYNOLL MD
1	ATE RECEIVE				25. FWNERM DIRECTOR		ADDRESS
	OCAL REGIST		1 14/1	7 5 1 6	2 "	244 -11	1 1 - 100
_	MAR 151	951 tu	ton Mille	euch Mil	G. H. WEEY -	SYNESVI	WLE, MU.
	VS 150	9.0		CXU	34		9,10
				The Contract of the Contract o	1		111.17

Defection of the and all the care of the same and the same and the same and the

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

ristered No. 2442

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF George Bullock DEATH Mar. 7, 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR Baltimore City Hospitals (If outside corporate limits, write RURA) and give C. CITY OR TOWN INSTITUTION 4940 Eastern Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. B.C.H. 4940 Eastern Avenue ength of stay in Baltimore 32 Yrs. Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years If Under | Year If Under 24 Hours last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) Male Negro Widowed 68 (70-)? 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work dane during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rubin (D) Agnes Brown 15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yee, no nr unknown) (If yee, give wer or dates of service) 16. SOCIAL 17. INFORMANTBELLO -- City Horpital SECURITY NO. Records: 4940 Eastern-Ava 332X CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Informant: Mildred Nesbit 806W. Saratora LEADING TO DEATH (A) Cerebral Thrombosis (This does not mean the mode of dying, e.g., Unknown heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerosis ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAI 218. PLACE OF INJURY (e. g., in nr 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERā about home, farm, factory, street, nflice bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE WORK . 1949, to 3-7 , 1951 that I last saw the 22. I hereby certify that I attended the deceased from 19 51, and that death occurred at 10:15pn., from the causes and on the date stated above. deceased alive on 3 - 723A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 3-12-51 4940 Eastern Avenue 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE 24C. NAME OF COMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 25. FUNERAL DIRECTOR DATE RECEIVED BY



51 2443 BIRTH NO. H- 560

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.13

1310

BI	RTH NO. //	300					
	NAME OF DI ype or Print)	ECEASED	Rodger	Henry.		OF DEATH	13,1951.
Α.		ity, Maryland	1		4. USUAL RESIDENCE (W		
	FULL NAME O	OF (If not in)	hospital or institution	, give street address or location)	manylan	a.	-
	STITUTION	10281	Bennett	0.0	Bealtinon	outside corporatellimits, w	rite RURAL and give (ownship)
				Yrs.	D. STREET ADDRESS (If	rural, give location)	
	ength of st	ay in Baltimo		Mos. Days	1028 Benn	ett Place	1 Bert
5.	SEX	6. COLOR OR R		MARRIED, D, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years ff Und	of 1 Year If Under 24 Hours
	male	C.	ma	/	June 25, 1908	H2	bays Hours Min.
10	A. USUAL OCO	CUPATION (Give	kind of 108. KIND	F BUSINESS OR	Y1. BIRTHPLACE (State or fo	reign country) 12	CITIZEN OF
	Lu	Cour	eured)	INDUSTRY	Cheraw,	8.0. 2	WHAT COUNTRY?
13	FATHER'S N		71		14. MOTHER'S MAIDEN NA	AME	
		201,	Jenny		Rosa Jack	som.	
15 (Ye	. WAS DECEASE	D EVER IN U.S.	ARMED FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
,	No			SECONTI NO.	mrs. Vennie Id	my 1028 B	mett Blan
	18. 44-			CAUSE	OF DEATH	- 0	INTERVAL BETWEEN
	DISEAS	E OR CONDIT	ION DIRECTLY				ONSET AND DEATH
		LEADING TO	DEATH node of dying, e. g.,	Sula	a chanist	the said as	2 days
	heart failui	re, asthenia, etc. 1	t means the discase,		The state of		
	injury or	eomplication wr	ich caused death.)	DUE TO			
		ANTECEDENT	CAUSES	4. 2	Me D.	2. 0.4	2
Z	DISEASES	OR CONDITIO	NS, IF ANY, GIVING	(6)		and the	Lym
Ĕ	RISE TO TH		(A) STATING THE	DUE TO		Charles Comment	0
CA	ONDERET	ING CONDITIO	AN EAST.	(C)	······································		
Ē		11					
ERT		IGNIFICANT C	ONDITIONS CON-				The state of the s
CE			BUT NOT RELATED				
-		F OPERATION		INDINGS OF OPER	ATION		20. AUTOPSY?
AL							YES NO
EDICA	21A. ACCIDI LYING OR CAUSE OF I	ENT WAS UND CONTRIBUTING		E OF INJURY (e. g., in, factory, street, office bldg.,		f in Baltimore City, give	exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21	E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY			NOT WHILE			
	22 I haraha	a contifu that			1 2 10/9/10	177 1051	hat I last sam the
deceased alive on 13, 195 and that death occurred at 2 pm., from the causes and on the date stated about							
	23A. SIGNAT		, 10 , 41		3B. ADDRESS		3c. PATE SIGNED
	will	han	14 W	M. D.	5154 Deni	think	3/14/51
	A. BURIAL, C		TE 24	C. NAME OF CEMETE	RY OR CREMATORY 240. L	CATION (City, town, or	county) (State)
111	Buri		ch 19,1951	mt.	anbum	Baltimo	re, Ind,
	ATE RECEIVED	BY REGIST	RAR'S SIGNATOR	Transmit !	25. FUNERAL DIRECTOR	A) O A	DDRESS 3224
1	A	157	WANT WAS IN	4	My Xatre CK. W.	Misms St	hocey dx
=							

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promote the second section of the

VI	699 2411 BALTIMO	RE CITY HE	ALTH DEPARTMENT	51 2	444		
			OF DEATH	Registered :	No.		
	1. NAME OF DECEASED (Type or Print) Willie	MOO	RE	2. DATE OF March DEATH	12, 1951		
	3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City B. FULL NAME OF A finet in hospital or institution, give	e street address or	4. USUAL RESIDENCE (WA. STATE Maryland				
	HOSPITAL OR INSTITUTION 1518 Chesapeake Ave.	location)	c. CITY OR TOWN (If outside corporate limes, write the Land give Baltimore				
	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If r		6236		
	Male Colored WIDOWED, DI		8. DATE OF BIRTH	9. AGE (In years)	li Under Year If Under 24 Hours onths Days Hours Min.		
	10A. USUAL OCCUPATION (Givekind of rork done during most of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY		
	13. FATHER'S NAME	81	14. MOTHER'S MAIDEN NA	ME	USAA		
-	15. WAS DECEMBED EVER IN U.S. ARMED FORCES? 16. 8	OCIAL	Unkown				
1	Yee, no or nnknown) (If yee, give war or dates of service)	ECURITY NO.	17. INFORMANT William Wilson		Ondson		
	ANTECEDENT CAUSES	UE TO	iosclerotic Cardi		isease		
1	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)		***************************************			
1	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OBATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT						
1.	1 19a. DATE OF OPERATION 19B. MAJOR FIND	INGS OF OPERA	TION		20. AUTOPSY?		
		INJURY (e. g., in ory, street, office bldg., etc		in Baltimore City,			
	E 210. TIME (Month) (Day) (Year) (Hour) 21E. IN WHILE AT m. WORK	JURY OCCURRED NOT WHILE AT WORK					
	22. I ecrtify that I took charge of the remains the cylidence obtained by said Autopsy, I and leath in my opinion resulted from:	nspection or In	quiry, find that said dec	aspection or Inquiry seased died on th	thereon and from the day stated above andetermined [].		
-	Lauley N. Durlac	lun M.	238. CHIEF MEDICAL E. ASSISTANT MEDICAL E. D. MEDICAL INVESTIGATO	XAMINER 23 XAMINER M	arch 12, 1951		
T.	24A. BURIAL. CREMA 24B. DATE 24C. NA	ME OF CEMETER	Y OR CREMATORY 240, LO	CATION (City, town,	or county) (State)		

V S 151

3/I5/I95I Mt REGISTRAR'S SIGNATURE

24A. BURIAL. CREMA TION, REMOVAL (Speciff)

RECEIVED BY

97099

Mit Calvery Cem.

ADDRESS

Brooklyn Md

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2445

Registered No.__

BI	RTH NO.	-620		CLIVIII ICA	L OI BERTH		
	NAME OF D	ECEASED				2. DATE OF	
-			e Cons		DEATH 3/14	/51	
A		City, Maryland	Balti		A. STATE Maryl	(Where deceased lived, If in	nstitution: residence before admission)
HC	SPITAL OR STITUTION	OF (If not in hospit	al or institut	ion, give street address or location)	C. CITY OR TOWN	(If outside corporate limits,	write RURAL and give township)
1	7-2)				Baltimore,	Maryland	township,
4				Yrs, Mos.	D. STREET ADDRESS	If rural, give location)	111 13
C.		tay in Baltimore		11e Days	1832 Druidh		14-00
5.	SEX	6. COLOR OR RACE		E. MARRIED. /ED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years 10 last birthday) Mon	ths: Days Hours Min.
	F	Negro		igle	October 22,	1928 22	
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	2. CITIZEN OF WHAT COUNTRY?
	Not emp		N	lone	Baltimore,	Maryland	
13	FATHER'S	NAME	The state of	1	14. MOTHER'S MAIDEN	NAME	1/
	Charle	es G. Brown			Ivon B. R	lasin	
15 (Yes	. WAS DECEAS	ED EVER IN U.S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
(No	, 50	,	None	Mrs. Ivon	B. Rasin 183	2 Druidhill
- 2	18. 40	9/X .	1	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION		i	,		ONSE! AND DEATH
	(This does	LEADING TO DEA	TH of dying, e. :	Aspe	rated Pneumon	ia	3 days
	heart failt	ure, asthenia, etc. It mes complication which					
		ANTECEDENT CAUS					3
Z		ANTECEDENT CAUS	563	(B) Id	iocy		Life
2		S OR CONDITIONS, I		NG			***************************************
A	UNDERL	YING CONDITION L	AST.				
띪		The second second		(C)			
CERTIFICATION	OTHER	II 4	ITIONS CO.				
EF	TRIBUTIN	G TO THE DEATH, BUT	NOT RELAT	ŁD .			
0		OF OPERATION 1		FINDINGS OF OPER	ATION	**** ******* *****	20. AUTOPSY?
AL	Nor	ne	The same of	•			YES NO
EDICA	21A. ACCIDI	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., i		(If in Baltimore City, gi	ve exact location)
ME			67				M. San
	2 1D. TIME F INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?	DURNER DO
	, moont		m.	WHILE AT NOT WHILE			
	22. I hereb	ou certify that I att	tended the	deceased from Mar	ch 10 ,151, to	3/14 .1951	that I last saw the
	deceased a	live on 3/14	19 51	and that death occur	rred at 4 A m., fron	n the causes and on the	
	23A. SIGNA		A 0 "		3B. ADDRESS	118 11.001	23c. DATE SIGNED
	190	my lile 1	von	M, D.	8 44 11 Cary	Myser, 40	3/5/5-1
710	BURIAL,	CREMA- 24B. DATE Specify)		24C, NAME OF CEMETE		LOCATION (City, town, o	
	Burial	3/18/	51	Mount Aubur			yland
D/	ATE RECEIVE	merch on The same of these	2 51 8	RE Wide HIT	25. FUNERAL DIRECTO		ADDRESS
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2446

	BIRTH NO.			CERTIFICATI	E OF DEAT	н	Megistereu	110.	
	1. NAME OF D (Type or Print)		nah H	enson			2. DATE OF LIAT	ch 13,	, 1951
-	B. FULL NAME HOSPITAL OR INSTITUTION	City, Maryland	Il Ag		A. USUAL RESIDE A. STATE Mary. C. CITY OR TOWN Baltimo:	land (if o		bef	ere admission
		stay in Baltimore	. 0 2 2 0 0	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 822 N. Carrollton Ave.				
]	s. sex Female	6. COLOR OR RACE	Sin	E. MARRIED, /ED. DIVORCED (Specify)	8. DATE OF BIRTH		9. AGE (In years last birthday) M	If Under Year Ionths Days	Hours Min.
	Cook		10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	đ		12. CITIZ WHA	S. A.
		ry Henson		9	14. MOTHER'S MA Unknot		ME		1
C	(es, no or uokoowo)	ED EVER IN U.S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	t D. I		ADDRESS 822 N	Carr
NOITACIEITAE	heart failu injury or DISEASES RISE TO T UNDERLY OTHER S TRIBUTING	s not mean the mode of the asthenia, etc. It mean complication which complication which complication which complication which complication the above cause (A) ying condition Later and the above cause (A) is considered to the death, but itsease or condition	ns the diseas aused death ES ANY, GIVIN STATING TH ST. FIONS CON NOT RELATE	(B) (C) (C)	ereloral,		i Card	<i>2</i>	
AI		OF OPERATION 19	B. MAJOR	FINDINGS OF OPER	ATION			20. yes	AUTOPSY?
MEDIC	CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)	(Hour)	CE OF INJURY (e. g., ic arm, factory, street, office bldg., e	(c.) INJURY OCCU	R?	in Baltimore City,	give exact	location)
T T	deceased all	TURE CREMA- CREM	195 (.)	deceased from 1 and that death occur M.D. ACC. NAME OF CEMETE St. Paul Ce	red at 1. 24 fm., 3B. ADDRESS	ches	CATION (City, town	23c. DA 23c. D	tated above ATE SIGNED (State)
THE STATE OF THE S	VS 150					Ų	1	131	a

An and the second . The said for the stay of the said The Salvery Comment of the

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correct ago is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

NT Registered No. 2417

BIRTH NO.				
1. NAME OF DECEASED (Type or Print) Cather:	ine (Katie) M. Delch	er	2. DATE OF DEATH 3/13/81	
3. PLACE OF DEATH: A. Baltimore City, Maryland 15. B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION)	12 Hollins St. tal or institution, give street address of location	A. STATE Maryland	Where deceased lived, If institution:	e admission)
Length of stay in Baltimore	73 Years Yrs. Mos. Days			
Female White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific Married	Jan. 20,1878	last birthday) Months Days I	Under 24 Hours Tours Min.
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) Housewife 13. FATHER'S NAME	10B. KIND OF BUSINESS OR INDUSTR	Baltimore Md.	U. S.	N OF COUNTRY?
William M. F. Nelson	D FORCES? 16. SOCIAL	Margaretta Borr		
(Yes, no or nnknown) (If yes, give war or date	SECURITY NO.	Frank C. Delcher,	1512 Hollins St.	L BETWEEN
DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode of heart failure, asthenia, etc. It mes injury or complication which to the death of the state of the above cause (a) DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING CONDITION LA UNDERLYING TO THE DEATH, BUT TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	THONS CONNOT RELATED	lingues O	edine 2	
19A. DATE OF OPERATION . I 1	98. MAJOR FINDINGS OF OPE		20. AV	JTOPSY?
234 SIGNATURE	m. while at Not while at work at work tended the deceased from 1951, and that death occur.	RED 21F, HOW DID INJURY 1950 to 1950 to	13, 1951, that I la he causes and on the date sta	st saw the ted above.
Tion, Bemoval (Specify) Burial 3/16/51	Loudon Park		ltimore Md.	(Sinte)
DATE RECEIVED BY LOCAL REGISTRAR	s signature ton // lliams, A. De. 1	Essahn Finner	7401 Belair Rd	•
W 150 1331			93)

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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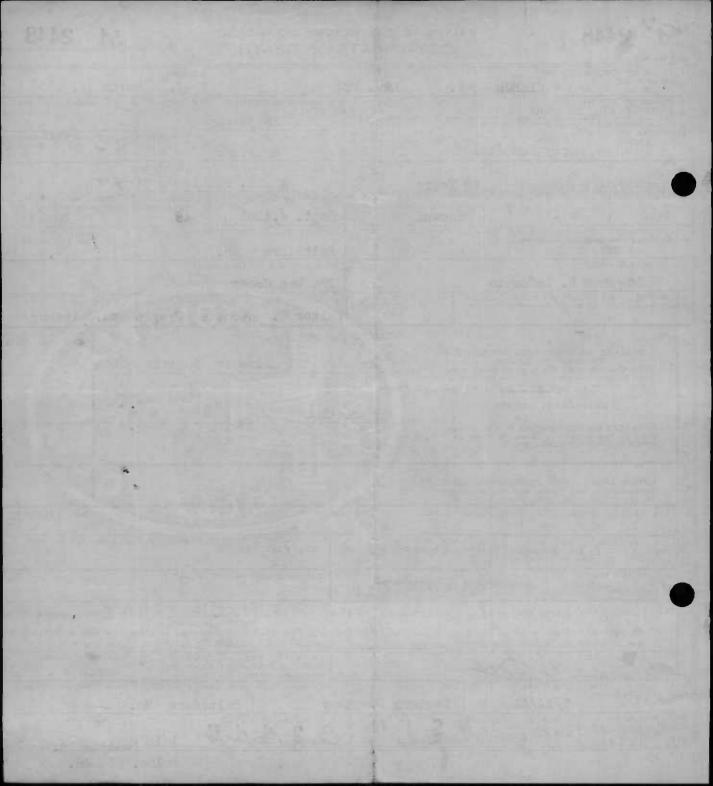
BIE	RTH NO.		CE	ERTIFICA	TE OF DEA	ATH Regist	tered No.
1. [NAME OF DE	CEASED WILB	JR J.	Lecom	PTE	2. DATE OF DEATH	March 13, 1951
3. F	PLACE OF DE	ATH: ty, Maryland			4. USUAL RES	SIDENCE (Where deceased B. COU	lived. If institution : residence NTY before admission
B. F	TULL NAME O		al or institution,	give street address		aryland	. I
	SPITAL OR STITUTION			location	c. CITY OR TO	OWN (If outside corpor	at limits write RURAL and give township
1	X72	Mercy Hos	pital		Ba	altimore	Cownsing
				Yr Mo		DRESS (lf rural, give loca	
	The second secon	ay in Baltimore	49 Yes	ars Da	ys 61	2 E. Baltimore S	Street
	Male	White		DIVORCED (Spec	Sept. 4,	last birthd	rears If Bader I Year I fi Under 24 Hours Min
		UPATION (Give kind of		BUSINESS OR	11. BIRTHPLAC	CE (State or foreign country)	
WOIL	None	working life, even if retired)	RAI	INDUST	Baltimore	e Md.	U.S.
13.	FATHER'S NA		1			MAIDEN NAME	1 0.0.
		en L. LeCom			Ida Mae		
		(If yes, give war or date		SECURITY NO	17. INFORMAN		ADDRESS
					Walter S.	LeCompte Orego	on Ave. Halethorpe
	18. 00	2 X ,		CAUS	E OF DEATH		INTERVAL BETWEE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) The state of the control						
	ANTECEDENT CAUSES						
z	DISEASES	OR CONDITIONS, I	F ANY. GIVING	(B)	ciation	***************************************	
	RISE TO TH	E ABOVE CAUSE (A) NG CONDITION LA	STATING THE	DUE TO			
4	ONDERGI	NO CONDITION E		(C)		***************************************	
RTIFICATION		II GNIFICANT CONDI		100			
ш.		TO THE DEATH, BUT EASE OR CONDITION					
U	19A. DATE OF	OPERATION 1	9B. MAJOR FIN	NDINGS OF OF	ERATION		20. AUTOPSY?
							YES NO X
		AL CAUSE WAS OR CONTRIB. AUSE OF DEATH.		OF INJURY (e. (factory,street,office blo			City, give exact location)
Σ	21D. TIME (MOT INJURY	Ionth) (Day) (Year)	(Hour) 21E. WHILE m. WOR	INJURY OCCUP	LE	DID INJURY OCCUR?	
	22. I certify	that I took char				Inspection & In	quiry thereon and from
	the evid	cace obtained by	said Autopsy	, Inspection of	r Inquiry, find th	Autopsy, Inspection or I hat said deceased died	
	23A. SIGNATU		ask-	**	238. CHIEF ASSISTANT	MEDICAL EXAMINER MEDICAL EXAMINER NVESTIGATOR	23c. DATE SIGNED March 13, 1951
24/ TIO	A. BURIAL, CR	nciful	24c.	NAME OF CEME		RY 240. LOCATION (City	y, town, or county) (State)
B	N REMOVAL (Spe Urial	3/15/51	We	estern Cem	etery	Baltimore M	ld.
LO	TE RECEIVED CAL REGISTR	BY REGISTRAR	S SIGNATURE	inde C	Ges & A	a a ve	Holling St 136

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correct age is especially important. Physicians: please Write the causes of death clearly and legibly.

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Has there in deceased of deceased any indication of the malismany?

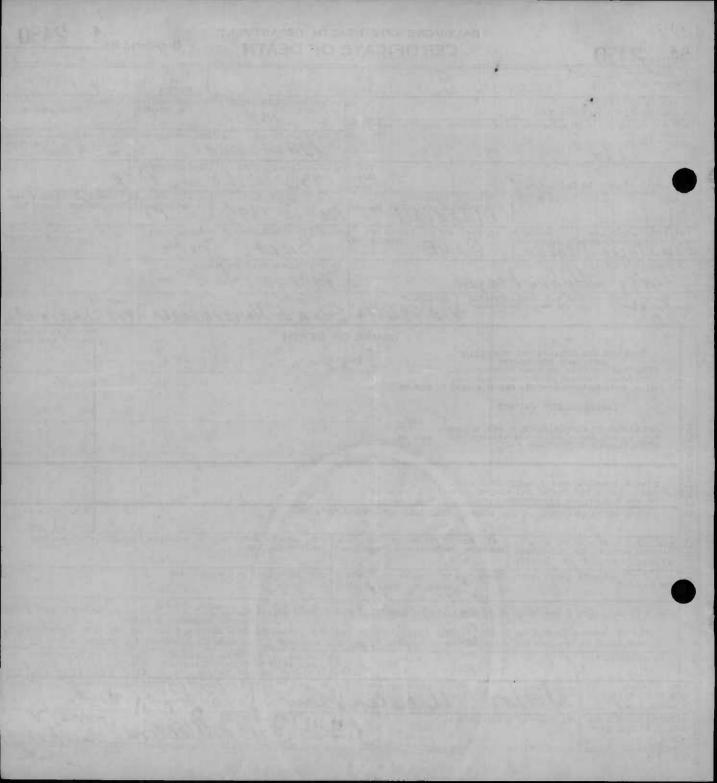
Could then be stated a more definite anotonical site than athomision for the decensed at the last stage of mula, may, please?

"Probably a primary infiltrating gastric carcinoma"

See Document File 51-2449

3/29/51

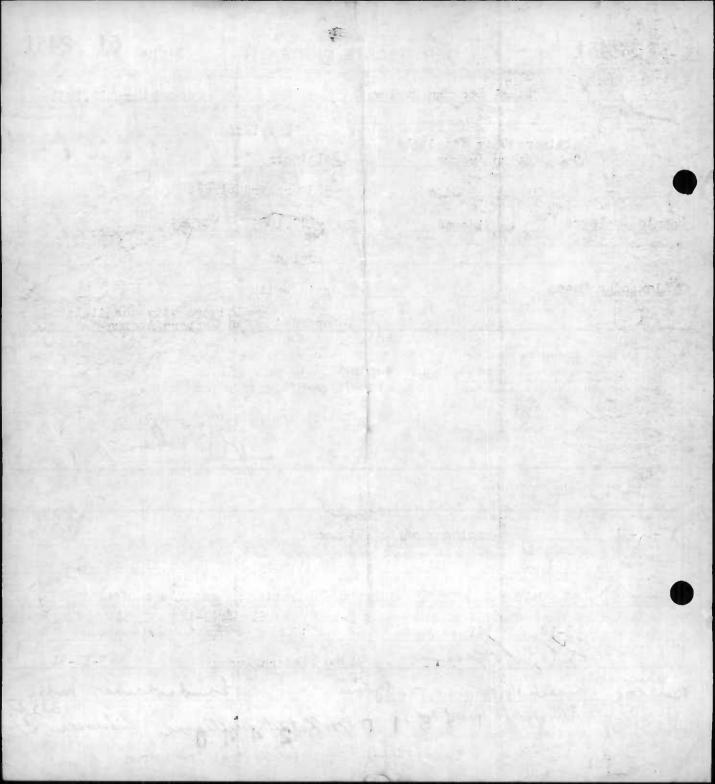
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CERTIFICATE OF DEATH Registered No. 2451 BALTIMORE CITY HEALTH DEPARTMENT

B	RTH NO.				e or beatin		
1.	NAME OF D					2. DATE	
		Et:	hel Loc	kman Taylor		DEATH Mar	ch12.1951
Α.		City, Maryland			4. USUAL RESIDENCE (W	Where deceased lived, I B. COUNTY	f institution : residence before admission)
	FULL NAME			ion, give street address or location)			
	ISTITUTION	Baltimore		ospitais		outside corpor ite im	ts, write RUHAL and give township)
	31	4940 East	ern Ave		Baltimore		
				Yrs. Mos.	o. STREET ADDRESS (If		
		stay in Baltimore		Life Days	583 Orchard Str		
5.	SEX	6. COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday) M	onths: Days Hours Min.
	emale	Negro	Wido	wed	May 22,1885	65	
1 C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
		,		INDOOTKT	Maryland		WHAT COUNTRY
13	FATHER'S	NAME			14. MOTHER'S MAIDEN NA	AME	
	Alexand	der Mason			Annie Smith		
15	. WAS DECEAS	ED EVER IN U.S. ARMET	FORCES?	16. SOCIAL			DDBESS
(Ye	a, no or uokoowo)	(If yes, give wer or date	of service)	SECURITY NO.	Records: 4940	more City Ho Eastern Aven	spitals
	18. E _	921.71 an	1 15	CAUSE (OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION					ONSET AND OEATH
	(This does	LEADING TO DEAT		Asphy	xiation		
	heart failu	re, asthenia, etc. It mea complication which c	ns the diseas	0	ation of gastric	contents	
	injury or			.) our to aspire	action of gastift	contents	
_	CHI THE	ANTECEDENT CAUS	ES	Metas	tatic carcinonalo	firstomach	n av
0	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	ig (b)	7)		<i>u</i> .q
E	UNDERLY	THE ABOVE CAUSE (A)	STATING TH	E OUE TO	K	K Posta	
Ü				(C)	U Y	V.M.	
ERTIFICATION					Vimet On	1001, MEDIUAL EAAMI	NEK
2		SIGNIFICANT CONDI					
CE		ISEASE OR CONDITION					
1	19A. DATE C	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
Y.	3-12-51	3	Carci	noma of the St	omach		YES NO L
EDICAL	21A. ACCIE	ENT WAS UNDER-	21B. PL	ACE OF INJURY (e.g., in farm, factory, street, office bldg., e	or 21c. WHERE DID (I	If in Baltimore City,	give exact location)
ME	CAUSE OF			spital	Baltimore City	Hospitals,	4940 Eastern
2		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI			
	arch 1	2, 1951 9:10	A . m.	WHILE AT NOT WHILE	X Aspiration of	gastric cont	ents
					3-6 , 1951, to		
					red at 9:30a m., from to		
	23A. SIGNA		1	2	3B. ADDRESS	ne canses and on	23c. DATE SIGNED
		4.13.6	1850	M. O. 1	1940 Eastern Aven	10	3-12-51
24	AA. BURIAL.	CREMA- 248. DATE		24c. NAME OF CEMETE		OCATION (City, town	
Y	Button (6.1951	mo. gion	~ 1 -1	andedow	ne, had.
D	ATE RECEIVE	D BY REGISTRAR	SEGNATI	IRF	25. FUNERAL DIRECTOR	0.000000000	ADDRESS 222 A
MI	DO 1 F10	RAR MILLE ANY	111464	450年10	Mrs Not RILL	1. 1	the same the
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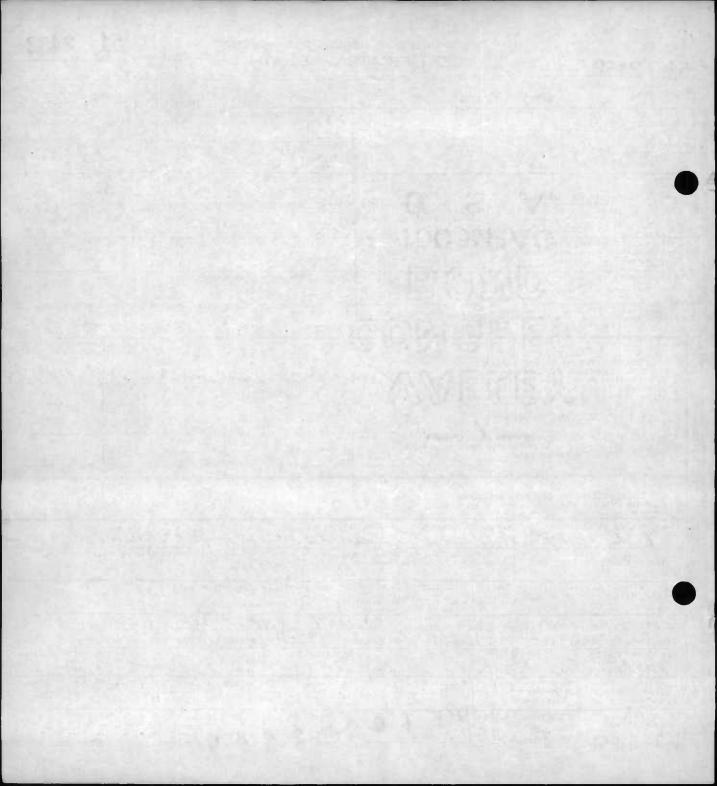


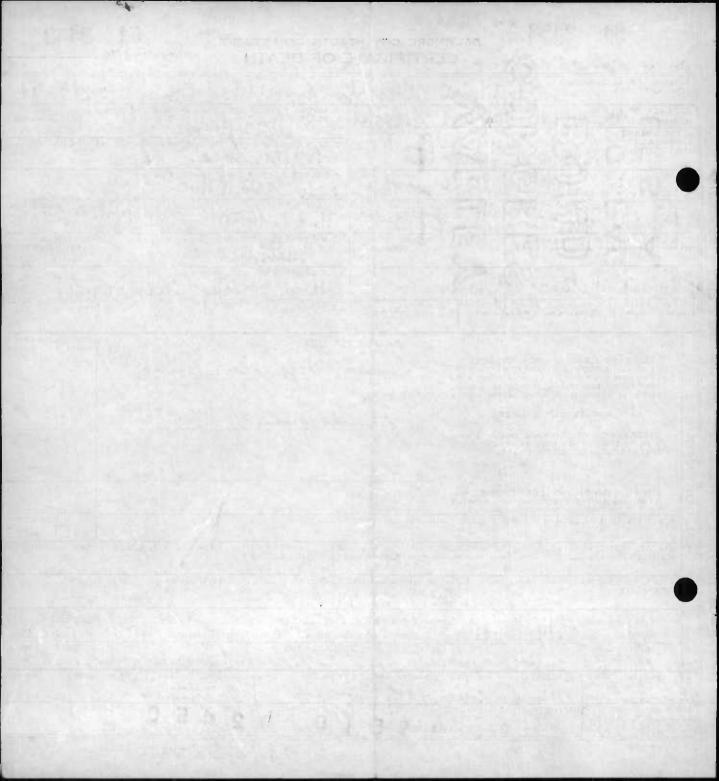
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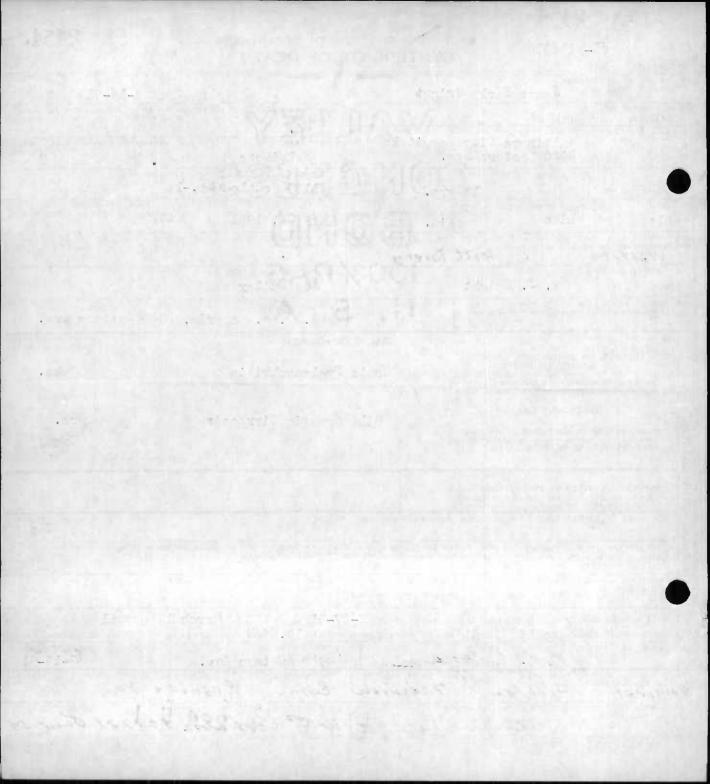
BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 2452

В	BEATH NO. 2452 CERTIFICATE OF DEATH						
1.	NAME OF D	ECEASED				2. DATE	
(1	ype or Print)	August	ta Fran	3		DEATH Mar	ch 13, 1951
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE (WI	here deceased lived. I	f institution : residence before admission)
В.	FULL NAME		al or institut	ion, give street address or	Maryland	1	*
HO	SPITAL OR	2305 St. Pa		lass time \		outside corporate lim	its, write RORAL and give
1	0.0			10 H 15 T 2 H	Baltimore	Q.	township
				Yrs.	D. STREET ADDRESS (If r		
c.	Length of s	tay in Baltimore		Mos. Days	3415 Elmley Aver	nue	
5.	SEX	6. COLOR OR RACE	7. SINGLE	E, MARRIED, ZED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	onths Days Hours Min.
	female	white		owed	Feb. 5, 1871	79	Day's Llouis Milli
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF
WOLL	housewi			INDUSTRY	Germany		WHAT COUNTRY
13	FATHER'S	NAME			14. MOTHER'S MAIDEN NA	ME	
	Unkn	own Kraft			unlmown		
15	. WAS DECEASE	ED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(Ye	s, no or unknowo)	(If yes, give war or date	s of service)	SECURITY NO.	Henry T. Tarr, 50		
-	18.			CALISE	OF DEATH	, , , , , , , , , , , , , , , , , , , ,	INTERVAL BETWEEN
п	170	X CONDITION	DIDECTIV	CAUSE	OF BEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e.g., (a) Melantic Surement						
	heart failure, asthenia, ctc. It means the disease,						
	injury or complication which caused death.) DUE TO						
	ANTECEDENT CAUSES						
N	DISEASE	S OR CONDITIONS, I	F ANY GIVIN	(B)	•••••••••••••••••••••••••••••••••••••••		
TI	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	IE DUE TO			
CA	ONDERL	IING CONDITION LA	151.	(C)		······································	
ERTIFICATION						TOTAL PLANT OF THE PROPERTY.	
RT		GIGNIFICANT CONDI					
CE		TO THE DEATH, BUT					
1	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		. 20. AUTOPSY?
AL	De	C 1948 5	nul	anotic p	uncoma M	the grow	YES NO
EDICA	21A. ACCID	ENT WAS UNDER-	21B. PLA	CE OF INJURY (e. g., in	o or 21c. WHERE DID (If	in Baltimore City,	give exact location)
AE	CAUSE OF			and and all and	HOOK! GGGGK!	1	
	1D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCÇUR?	
L	MINSORT		m.	WHILE AT NOT WHILE			
	22 I harah	as contife that I at		deceased from No	11 1948, to 3-	-11- 105	, that I last saw the
		live on 3-11-		and that death occur	red at 745Pm from th		the date stated above.
	23A, SIGNA		2		3B. ADDRESS	e causes and on	23c. DATE SIGNED
	mul	ton C. h	mes	м. р.	2117 Below	v Ree	13-15- 51
2	AA. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE		24c. NAME OF CEMETE		CATION (City, tow	
Li	buria7	3/16/5	1	Holy Redeem	mer Cemetery Bai	Ptimore,	Maryland
	ATE RECEIVE		S SIGNATE	RE L	25. FUNERAL DIRECTOR		ADDRESS
L	DCAL REGIST	RAR	Am 141	1 4	Was But he	: 1217 St.	Paul Street
=		951 3 444	1995 112	ALLA, A. M.	A CA)	
	VS 150						







481X BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

3	60 51 2455	H81X 51 2455	5
The		E OF DEATH Registered No	
supplied.	1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address 1124 Dring fill live	2. USUAL RESIDENCE OF DECEASED: (a) State (b) County 7-6	no-
e carefully legibly	(d) Length of stay in hospital or inst. (yrs., mos., or days)	(c) City or town Alberta write RURAL and give to (d) Street No. (1f rural give location) (Yes or	
should bearly and	(c) Length of stay in Baltimore (yrs., mos., or days) 3 (a) FULL NAME	If yes, name country	
rmation s death clea	3 (b) If veteran, name war 3 (c) Social Security Account No. 4. Sex 5. Color or race 6 (a) Single, married, widowed, or	MEDICAL CERTIFICATION 20. DATE OF DEATH Man 1957, at //	GM
Every item of information vrite the causes of death cle	male Colord divorced divorced 6 (b) Name of husband or wife Churic Better	21. I certify that death occurred on the date above stated; that latt ed deceased from 1900, to 1900, to 1900, and that I last saw hand alive on there 15 1907.	S7.
Every iter write the c	7. Birth date of deccased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Due to Essent alley perture 624	on /
j INK.	9. Birthplace (Town, county, and state) 10. Usual Occupation (1). Industry or business (1). Apply a few states	Due to In Jupple lake	
UNFADING Physicians:	11. Industry or business (Intelligence) 12. Name	Other Conditions	 ne the
WITH rtant.	14. Maiden Name	Major findings of operation: cause to death show charged stically.	uld be
ly impo	(b) Address The state of the s	22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide	
WRITE F	(c) Cemetery or crematory (b) Date thereof May (year) (c) Cemetery or crematory (c) Location (b) Date thereof May (year)	(c) Where did injury occur? (City or town) (County) (State of Did injury occur about home, on farm, industrial place, in purplace?	te)
correct age	(b) Address 20.3 Walter 55. 19 (b) AR 1 6 1951 (b) Further for Registrar	(e) Means of injury 23. Signature M. D. Address/7.2. S. Dungl All March aigned	
	VS 150	8 1 0 2 4 5 de 3 1 - 3-16.	17

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

В	IRTH NO.			CERMFICATI	E OF DEATH	Registered	No.
	NAME OF D		Harry	TIMME	RAN	2. DATE OF Marc	h 14, 1951
A	Baltimore (City, Maryland	ol on in-tit-	tion, give street address or	4. USUAL RESIDENCE A. STATE Maryland		
H	OSPITAL OR NSTITUTION	Mercy Hospi		location)	c. CITY OR TOWN	Access to	its, write RURAL and give
-		, I		Yrs.	D. STREET ADDRESS (
	ength of s	tay in Baltimore	1	ife Mos.	223 N. Hi		
2	SEX	6.COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours
10	Male	White	Mari		March 16,1893	57	II 28 Hours Min.
WOI	k donoduring most	CUPATION (Give kind of of working life, oven if retired)		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of		12. CITIZEN OF
	Laborer		Unkr	lown	Baltimore, Md		U.S.A.
13	FATHER'S		ale Ti frie		14. MOTHER'S MAIDEN		
		- Frederi	CK D.TT	immermen	Angelia Peter	S	
15 (Ye	MAS DECEASI	ED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO	None	,	3230111119.	Charles Timmer	man-2742 Fenw	ick Ave.
RTIFICATION	(This does heart failt injury or DISEASE RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEA's not mean the mode of the complexition which of the complexition of the complexities of the comple	TH of dying, e. ans the disease eaused death SES F ANY. GIVII STATING THE STA	(A)	rtensive Cardiov	ascular Disea	se
Ш		ISEASE OR CONDITION					
U	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
AL		- 9	1 24 21				YES NO X
EDICAL	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.		ACE OF INJURY (e. g., in furm, factory, street, office bldg., e		(If in Baltimore City,	give exact location)
M							
	the evi	dence obtained by ath in my opinion	said Auto	opsy, Inspection or I from: natural eauses	bove, held an Inspendent of Autopsynquiry, find that said of accident of suicides. 238. CHIEF MEDICAL ASSISTANT MEDICAL INVESTIGATION.	t, Inspection or Inquiry deceased died on the control of the cont	he day stated above undetermined □.
	A. BURIAL C	REMA- 146. DATE			RY OR CREMATORY 240.		
	Burial	3-16-51		Holy Redeemer		air Rd.Balto:	
MA	PAR RECEIVED	BY REGISTRAR	S SIGNATU		25. FUNERAL DIRECTOR		ADDRESS ord Avenue
V	S 151	8.16)		97099	George J.P.	th me #	2

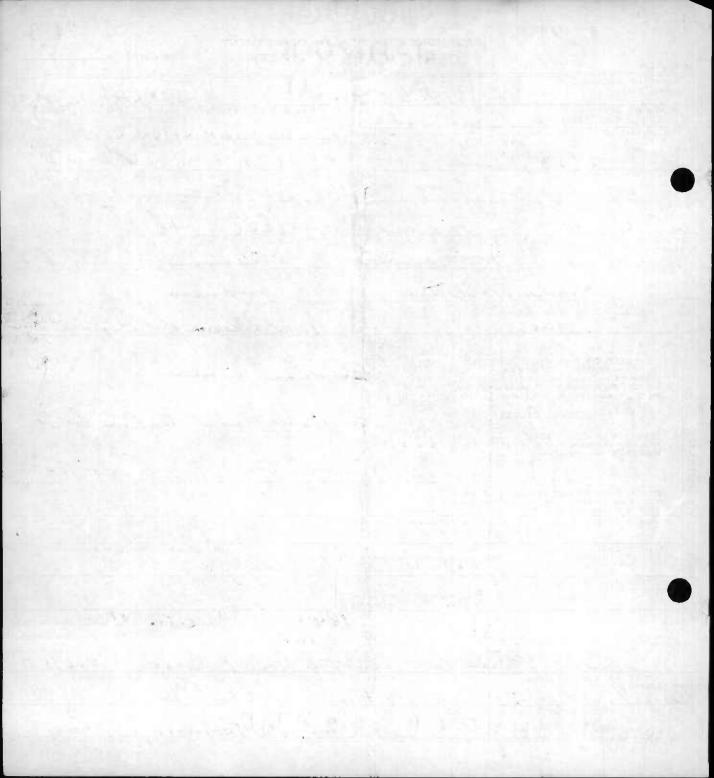
ATABO SO STADIST GA

В	IRTH NO.		CERTIFICATI	E OF DEATH	registered	110.
	NAME OF DECEASED				2. DATE	1 35 1050
	JACK E. S	HER			DEATH	arch 15, 1951
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, I B. COUNTY	f institution : residence before admission	
В.	s. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Marine Hospital location) INSTITUTION Tyman Park Drive & 31st St.			Maryland		
IN						its, write RURAL and giv township
	Fyman Park Drive &		Baltimore		townsmp	
			Yrs. Mos.	D. STREET ADDRESS (If		
-	Length of stay in Baltimore	F L 7 CINCI	Days		lstaff Road	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married			4/4/07	9. AGE (In years last birthday) M	H Under 1 Year H Under 24 Hours onths Days Hours Min.	
worl	A. USUAL OCCUPATION (Give kind to done during most of working life, even if retire etail store	d)	of Business or INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME		Y ms FURN.	14. MOTHER'S MAIDEN N	IAME	ODA
	Elias Sher			Lena Rabinowi	tz	
15	. WAS DECEASED EVER IN U. S. ARM a, no or unknown) (If yes, give war or de	ED FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(x or	NO (If yes, give war or de	tes of service)	None	Records- US Me	rine Hospite	1. Balto . Md
	18. /97V			OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION	DIRECTLY				ONSET AND DEATH
	(This does not mean the mode	of dying, e.	۲۰۰ (A)	domyo sarcoma mete	astatic to	3½ yrs.
	heart failure, asthenia, etc. It m injury or complication which			left lung		
	ANTECEDENT CAL	ISES				
z			(B)			
ATION	DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) STATING T				***************************************
	UNDERLYING CONDITION	LAST.	(C)	***************************************		
FIC						
RTIFIC	OTHER SIGNIFICANT CON	DITIONS CO	N -			
CE	TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITION					
	19A. DATE OF OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY
Y)	2					YES NO
1EDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	a or 21c. WHERE DID (stc.) INJURY OCCUR?	If in Baltimore City,	give exact location)
	21D. TIME (Month) (Day) (Year FINJURY	r) (Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
1	, mooki	m.	WHILE AT NOT WHILE			
	22. I hereby certify that I a	ttended the		. 16 151 to Ma	r. 15 195	1, that I last saw the
	deceased alive on Mar. 15	1951	and that death occur	red at 10:55AM, from t	he causes and on	the date stated above
	23A. SIGNATURE	2.11)	01001 2	3B. ADDRESS		23c. DATE SIGNED
	John L. Wilson, Med	ical Dir	ector R.D. US	Marine Hospital	, Balto, Md.	3/15/51
TIC	DIVIDENCE 3-16	-17	1 1 1 1	RY OR CREMATORY 24D. L	OCATION (City, town	, or county (State)
	ATE RECEIVED BY REGISTRAL	R'S SIGNATI	JRE /	15 FUNERAL DIRECTOR	7	ADDRESS D
	MAR 1 61951	1- H	(BULLERS)	LANGE CONTROL	Ne 7100	Octavo Pl
	V\$ 156	•	26	16E		3550
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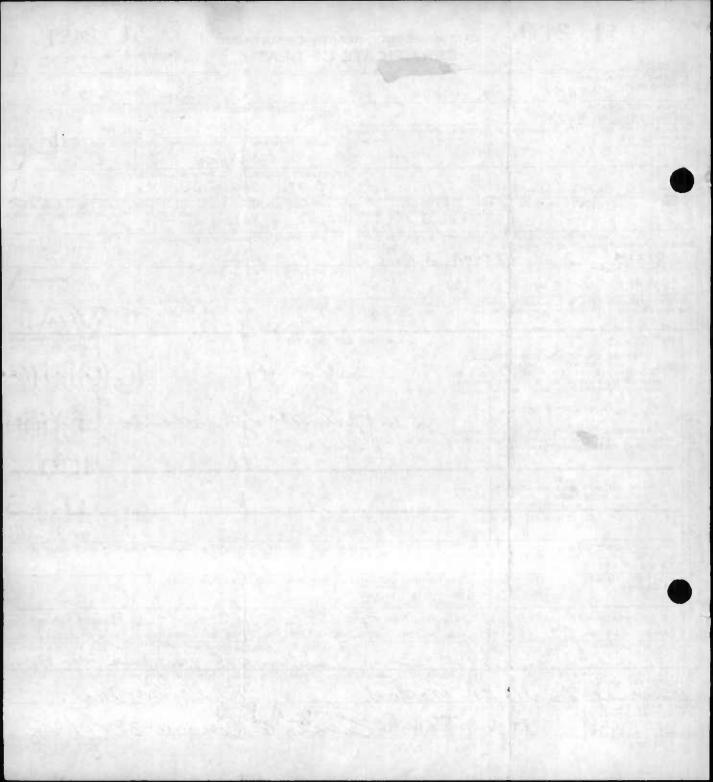
51	24	58

В	BIRTH NO. CERTIFICATE OF DEATH Registered No.						
1.	1. NAME OF DECEASED 2. DATE						
	'ype or Print)	TO WOLLSTE	14	DEATH MARC	7 12-1951		
	PLACE OF DEATH: Baltimore City, Maryland	Markey	4. USUAL RESIDENCE (V	Where deceased fived, If ins B. COUNTY	titution : residence before admission)		
В.		oital or institution, give street address or	1723 WIL	MINGTON QU	TE .		
11	ISTITUTION 1742	hil The	c. CITY OR TOWN (If	f outside forporate limits, w	vrite RURAL and give		
7	1/12	Yrs.	D. STREET ADDRESS (If	rural, give location			
_	Length of stay in Baltimore	AT Mas.	Nort 1722 0	200	WINIGION WOX		
-	SEX 6. COLOR OR RACE		8. DATE OF BIRTH		ier I Year If Under 24 Hours		
	m w	WIDOWED, DIVORCED (Specify)	Nov-24-1858	last hirthday) Month	ns Days Hours Min.		
10 worl	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired	of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country) 12	CITIZEN OF WHAT COUNTRY		
	retired	And Caure	Ver	many,	LILA		
13	FATHER'S NAME	A 22.0	14. MOTHER'S MAIDEN N	AME			
	Herman	- Wollstein	lung	an			
15 (Ye	s, no or unknown) (If yes, give war or da	ED FORCES? 16. SOCIAL tes of service) SECURITY NO.	17. INFORMANT	ADD	RESS		
	700	, 323011.1110.	Mm dlu	un 123 he	motor on		
	18. 4 22. 1	CAUSE	OF DEATH		IN RVAL BETWEEN		
	DISEASE OR CONDITION	DIRECTLY	acut		ONSET AND DEATH		
	LEADING TO DE, (This does not mean the mode	ATH of dying, e. g., (A)	andin fai	lun			
	heart failure, asthenia, etc. It me injury or complication which	eans the disease,	0				
Z	ANTECEDENT CAL	490					
TION	DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A			***************************************			
A	UNDERLYING CONDITION		0		/		
FICA		(C)	Semility		1/2		
RTI	OTHER SIGNIFICANT CON				1		
CEF	TRIBUTING TO THE DEATH, BUT	T NOT RELATED			4		
	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?		
:AL	0				YES NO		
EDICAL	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		If in Baltimore City, give	exact location)		
ME	(0,000.2)	mande anomor, we any anomor y, and only one of bridge,	THEORY OCCURY				
7	ID. TIME (Month) (Day) (Year	r) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	Y OCCUR?			
L	INSORT	m. WHILE AT NOT WHILE					
	22. I hereby certiff that I at		10	hel. 12, 1957,	hat I last one the		
		6. 19.57, and that death occur					
	23A. SIGNATURE		23B. ADDRESS	1 4	C. DATE SIGNED		
	Verm.	Rieffer M.D.	2470 bast	alid 1	Wel 1557		
	A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE	ERY OR CREMATORY 240. L	OCATION (City, town, or	eounty) (State)		
1.	2117	51 VST. UNITED EN	ING CHURCH 620	· O DONNELL	ST MD.		
D/	ATE RECEIVED BY REGISTRA	S'S SIGNATURE	25. FUNERAL DIRECTOR		DDRESS		
	ATE RECEIVED BY REGISTRAL	to to the die die	CHARLES WIRE	hAUSKAS /DAM	CHENRY SU.		
	Vs 150			/ - /	0-1		
		e of the same		0	73 ac		



51 2459 Registered No.

BI	RTH NO.		C	EKTIFICATI	E OF DEATH	are growned a	
	NAME OF D ype or Print)	TOSEPH F	McGUI	RE		2. DATE OF Man	ch 14, 1251
Α.	PLACE OF D Baltimore (City, Maryland			4. USUAL RESIDENCE ()	Where deceased lived. If	institution : residence before admission)
H	OSPITAL OR	OF (If not in hospital)		location)	c. CITY OR TOWN (I.	f outside corporate limit	ts, write RURAL and give
				Yrs.	D. STREET ADDRESS (If		00
		tay in Baltimore	5	7 Mos. Days	2916 KESI		
	M	6. COLOR OR RACE	man	DIVORCED (Specify)	8. DATE OF BIRTH Opril 2, 1893	57	M Under 1 Year II Under 24 Hours on the Days Hours Min.
work	done during most		PEHNA.	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S		,		14. MOTHER'S MAIDEN N		THE STATE OF THE S
_		MCGUIRE			SUSTE O'NE	CILL (D)	
(Yes	, no or unknown)	ED EVER IN U. S. ARMEE (If yes, give war or dates	of service)	S. SOCIAL SECURITY NO.	17. INFORMANT MAS C	lance Mc Guit	DDRESS
	18. 44	3X		CAUSE	OF DEATH		INTERVAL BETWEEN
	(This does	E OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mean	H f dying, e.g.,	(A)	aremia		2 minths
		complication which c		DUE TO			
7		ANTECEDENT CAUS	ES	1/100	tensive Card	lanesales	3 years
ATION		OR CONDITIONS, IF		DUE TO			
AT		ING CONDITION LA		(C)	Man		V
RTIFIC							
CERT	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED				
	19A. DATE O	F OPERATION 1	B. MAJOR FI	NDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL		ENT WAS UNDER.		OF INJURY (e. g., in factory, street, office bldg., e	or 21c. WHERE DID (If in Baltimore City,	
Σ		Month) (Day) (Year)	WHIL	INJURY OCCURRI	ED 21F. HOW DID INJUR	y occur?	
	22 I hamah	y certify that I att	m. wo		- 12 1951 to M	100 . 14 10 6	I, that I last saw the
	deceased al	ive on Mar. 14	1951 and	that death occur	red at 9:10 Pm., from t	he caused and on t	he date stated above
	23A. SIGNAT	Thuls.	Nelso	W. D. 2	Baltime	May kin	25c. DATE SIGNED
24 TIC	A. BURIAL, CON MENOVAL (S	REMA- 24B. DATE	1/ - 240	NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (Olty, town,	or county) (State)
	TE RECEIVE		SIGNATURE	Topuar,	25. FUNERAL DIR CTOR	De Co	ADDRESS
LC	IAR 161	951 Turk	inter 1/12	Saule, Mill	undin 6. Do	novan-38	18 Holand
	VS 150		3 ., v	662 3	50		g 3 d The
							1-0-



51 2460 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No-BIRTH NO. 57- 0-5 I. NAME OF DECEASED 2. DATE (Type or Print) Williams 3. PLACE OF DEATH:

DEATH March 12. 1951 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland Baltimore HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) The Johns Hopkins Hospital Towson D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore 24 Yrs. hold Railroad Avenue Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years | 1 Under | Year | H Under 24 Hours | Months Days | Hours Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify, Male Negro Single March 11.1951 10a. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Maryland Infant 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rupert Williams Gertrude Porter 337397 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service) 16, SOCIAL 17. INFORMANT ADDRESS (Yes, oo or unknown) SECURITY NO. No Hospital Records CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE Premature respective of membranes UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e.g., ie or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

NOT WHILE

21F. HOW DID INJURY OCCUR?

1951 to_

22. I hereby certify that I attended the deceased from 3/11 __ 19 51 and that death occurred at 5:10P.m., from the causes and on the date stated above, deceased alive on 3/12

The Johns Hopkins Hospital

3-12

24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county)

23C. DATE SIGNED

. 19 51 that I last saw the

24A. BURIAL, PREMA-24B, DATE

DATE RECEIVED BY LOCAL REGISTRAR

234SIGNATURE

score

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAMES TO STATE OF THE STATE OF Proceed as easy bounds with mile Making the property of the second second

51	2081

1 2	160	51 24	161			EALTH DEPAR E OF DEAT		51 Registered 1	2461
=	NAME OF Type or Print)		AREN	ICE E	MILL	FD	2	DATE OF	11 ~
3	B. PLACE OF	DEATH:		66 4	MILL	4. USUAL RESID	DENCE (When	e deccased lived, If	1/3/ institution: residence
E	FULL NAME	City, Maryla OF (If not i		stitution, give str		A. STATE	4.	B. COUNTY	before admission
	NSTITUTION	4918	Palm	er fue	location)	C. CITY OR TOWN	to.	27-1	s, write RURAL and giv township
9	Length of	stay in Baltin	nore		Yrs. Mos. Days	4918	almer	Aue .	
Ding of	male	6. COLOR OR		NGLE, MARRIEI DOWED, DIVOR	CED (Specify)	8. DATE OF BIRT		AGE (In years last birthday) Mo	Under 1 Year H Under 24 Hours onths Days Hours Min.
1 wo	rk done during most	CCUPATION (Gi- tof working life, even	ve kind of 10B.	KIND OF BUSIN		M. BIRTHPLACE	State or foreig	(n country)	12. CITIZEN OF WHAT COUNTRY
1	3. FATHER'S		h m	iller	1000	14. MOTHER'S M.	AIDEN NAME	Page	
1 (1	5. WAS DECEAS	SED EVER IN U.S	. ARMED FORC		AL RITY NO.	17. INFORMANT	0 10 20	Al	DDRESS
RTIFICATION	(This doe heart fail injury or DISEASE RISE TO UNDERL	SE OR CONDI LEADING TO S not mean the ure, asthenia, etc complication v ANTECEDENT S OR CONDITI THE ABOVE CAUS YING CONDITI	D DEATH mode of dying It means the c which caused CAUSES ONS, IF ANY, SE (A) STATIN ON LAST.	(A) disease, death.) OUE T	Ser.	no. Sch nerolyk Gri	ob an	teniosch	12 3 9 K
CER	TRIBUTIN	SIGNIFICANT G TO THE DEATH DISEASE OR CON	I, BUT NOT RE	ELATEO	rcin	In our	Prosy	late	2918
DICAL	19A. DATE	OF OPERATION	198. MA	JOR FINDINGS	OF OPER	ATION			20. AUTOPSY?
MEDIC		DENT WAS UNI PR CONTRIBUT DEATH		. PLACE OF INJ nome, farm, factory, str	URY (e. g., ir	or 21c. WHERE I		Baltimore City, g	rive exact location)
	F INJURY	(Month) (Day)	(Year) (Hour)	21E. INJUR	Y OCCURRE		INJURY O	CCUR?	
		y certify that live on 3		the deceased	from De	ر بر ₁₉ 4	Yto m.	rec 14, 195	that I last saw the
	23 SIGNA		Ble	and that d		BB. ADDRESS	ession the c	storm Ro	e date stated above
	44 BURIAL.	CREMA- 24B, D Specify)	DATE	24c. NAME	of CEMETER	RY OR CREMATORY	24D. LOCA	TION (City, town,	or county) (State)
	ATE RECEIVE OCAL REGIST	D BY REGIS	TRAR'S SIGN	dan MATURE	ame 951	PS. FONERAL DIF	Wood RECTOR A	Some no	ADDRESS
=	MAR 15	1951	with the	Millians	H &	tullet	endrie	3615-11	lebestande
di				# A 40 \$ 100 A	504	24			0516

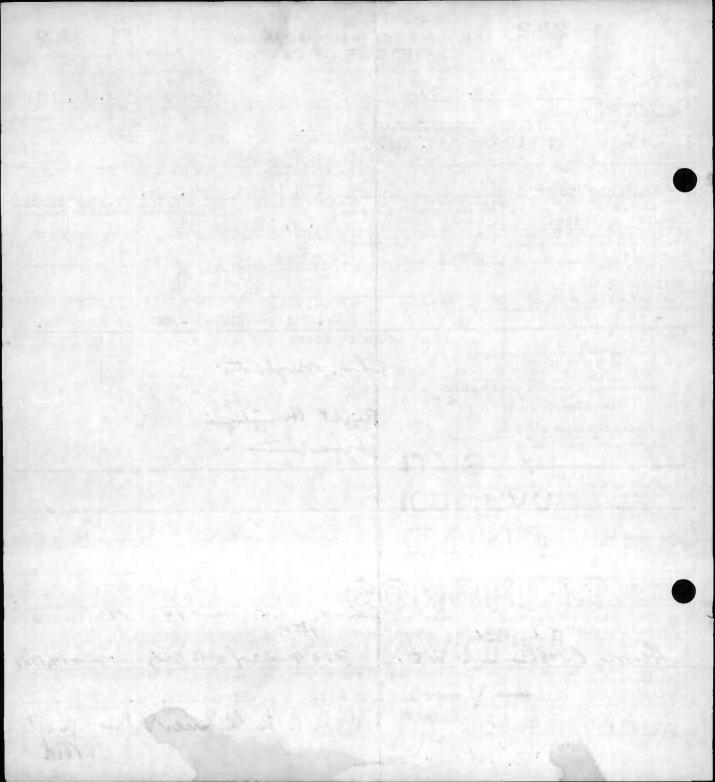
Dr. J. & Stuck 3356 Reisterstown Rd

The State of the S



51 2462 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

ВІ	RTH NO.			CERTIFICAT	E OF DEAT	H Registered	110,	
	NAME OF D		LLA M.	ETNIAV		2. DATE OF		
	PLACE OF D		TITU M.	FINLAL	4. USUAL RESIDE	DEATH M ENCE (Where deceased lived, If B. COUNTY		
В.	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or	Md.	B. COUNTY	before admission)	
	SPITAL OR	2201 L	iberty	Hgts. Ave.	C. CITY OR TOWN	(If outside corporate limi	ts, write RURAL and give township)	
0	2)				Baltimor		4 (Ownship)	
				Yrs. Mos.		ESS (If rural, give location)	,	
5	Sength of S	tay in Baltimore	7 SINGL	Days E. MARRIED.	2201 Lib	erty Hgts. Ave.	If Under 1 Year If Under 24 Hours	
	female	white		VED, DIVORCED (Specify)	Jan. 4, 18	last birthday) M	onths Days Houre Min.	
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR		State or foreign country)	12. CITIZEN OF	
h	ousewife		at hon		Marvland		WHAT COUNTRYS	
13	FATHER'S	NAME			14. MOTHER'S MA	IDEN NAME		
		C. McGinnis			Annie Susma	an		
15 (Yes	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS	
	-			SECONT NO.	Mr. William	n Finlay - 641 Co.	leraine Rd.	
	18.	/vx		CAUSE	OF DEATH		INTERVAL BETWEEN	
	V /	SE OR CONDITION		- 1			ONSE! AND DEATH	
	(This does	LEADING TO DEA	f dying, e. s	a ch	r. neph	ntis.		
		re, asthenia, etc. It mea complication which c		e,			***************************************	
z		ANTECEDENT CAUS	23	(B) Ru	ight Hemm	plegui		
0	DISEASES	S OR CONDITIONS, IN	ANY, GIVIN	IG HE DUE TO		0		
A	UNDERLY	YING CONDITION LA	ST.	(C) A	grechner	ye 1		
FICATION					7 0			
ERTI	OTHER S	II SIGNIFICANT CONDI	TIONS CON					
CEI		TO THE DEATH, BUT						
				FINDINGS OF OPER	ATION	20. AUTOPSY?		
Y.		01	44.18.				YES NO	
EDICAL	LYING O	ENT WAS UNDER-		ACE OF INJURY (e. g., i farm,factory,street,office bldg.,			give exact location)	
Σ	CAUSE OF	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	FD 21F HOW DID	INJURY OCCUR?		
	FINJURY	()		WHILE AT NOT WHILE AT WORK		moon, occon,		
	22. I herch	u certifu that I att				1 to mar 14 195	That I last saw the	
	deceased a	live on mer 9	1957	and that death occur	red at 7 = P. m.	to mer 14, 195, from the causes and on t	he date stated above.	
	23A. 8 6NA	TURE & SP		NO. 2		inf Ats Bely	23c. DATE SIGNED	
24	A. BURIAL.		nnen	24C, NAME OF CEMETE		24D. LOCATION (City, town	or county) (State)	
TIC	Burial (S	3/17/5					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	ATE RECEIVE	D BY REGISTRAR		Druid Ridge	25, FUNERAL DAR	Pikesville, Md.	ADDRESS)	
LC	MAR 161	951 Finte	亦作	Walks Br	0 Pm 9	Fishener VS	no- Batto	
	VS 150		3				and	
1						12,	1- 10 m.	



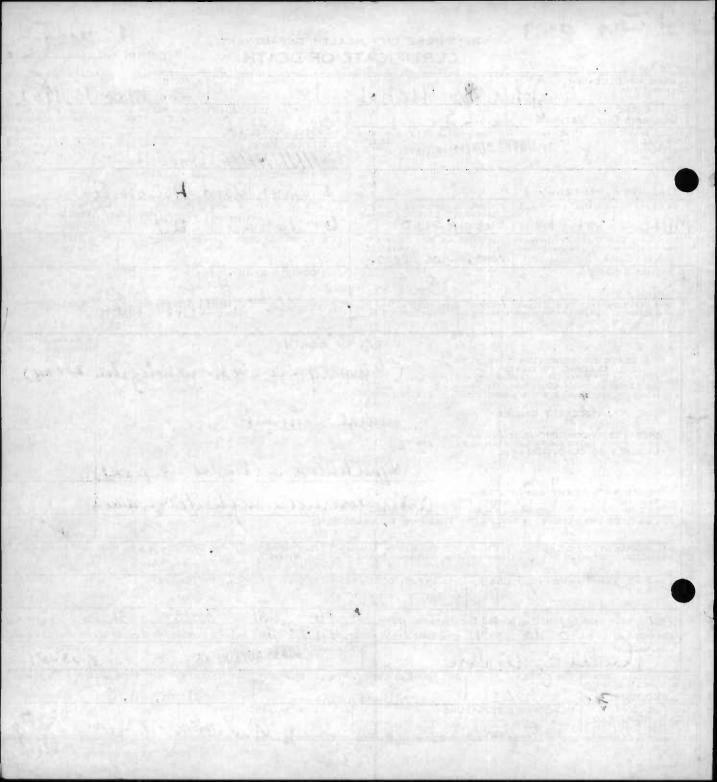
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correct age is especially important. Thysicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

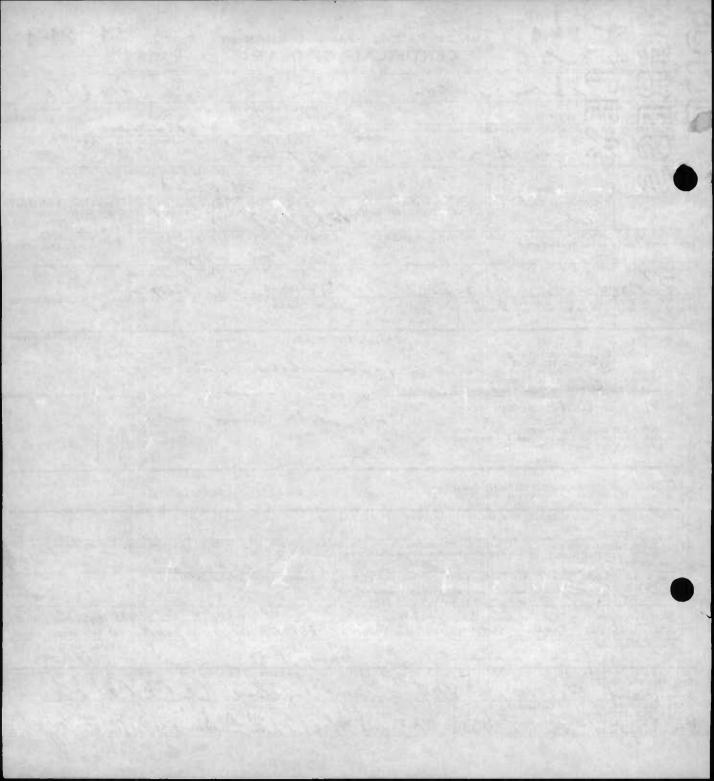
51 2483 Registered No.

В	RTH NO.	L OI DEATH
(T	NAME OF DECEASED YPE OF Print) E. John / Nichols	S. JR. 2. DATE OF DEATH Mar 15, 1951
	PLACE OF DEATH: Baltimore City, Maryland OSL 5	4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. STATE B. COUNTY before admission)
8.	FULL NAME OF (If not in hospital or institution, give street address or	1 10 1
	OSPITAL OR INCREMENTATION INCREMENTA	C. CITY OR TEWN (If outside corporate limits, write RURAL and give
1	2 Table 11 Manual 11 Manua	1/1/1/////////////////////////////////
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
11-	Length of stay in Baltimore Days	1 WEST WOOD HOLME HVE,
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under 1 Year In Under 24 Hours last birthday) Months; Days Hours; Min.
	THLE WhITE MARRIED	6-26-23 27
	A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR door during most of worklog life, eveo if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Chemiyst Frown, Cork Mfgrs.	L Md
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
E	Jun Micholo Sr.	Urma H. Hooper
15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 8, 80 or ookoowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT
1	no secontitivo.	2 A A D 1 1 1 W 1
	18. IJUZV CAUSE	OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	(This does not mean the mode of dying, e.g.,	mary & Cere be al my holes ali Z lay >
	heart failure, asthenia, etc. It means the disease,	V
	injury or complication which caused death.) DUE TO	
z	ANTECEDENT CAUSES	el Thembi
OIT	DISEASES OR CONDITIONS, IF ANY, GIVING	
AT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
	Nuna	husine carled was dynais
RTIFIC	[C) Mg (C)	mi) we cure ray affect
H H	OTHER SIGNIFICANT CONDITIONS CON-	scholie uphrilis & uremes
U	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
7	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	PATION 20. AUTO-SY?
EDICA	21a. ACCIDENT, SUICIDE, 21b. PLACE OF INJURY (e. g., in	n or 21C. WHERE DID (If in Baltimore City, give exact location)
	HOMICIDE (Specify) about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
	OF INJURY WHILE AT NOT WHILE	
	m. work AT WORK	11. (1. 2.16. ()
	22. I hereby certify that I attended the deceased from	-16-1951, to 3-15-, 1951, that I last saw the
	deceased alive on 3-15, 1951, and that death occur	
		236. ADDRESS ROPKINS MONPY. 23c. DATE SIGNED 3-15-51
2		RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
TI	ON, REMOVAL (Specify)	787 - 27 27 2
D	Entombment 3/19/51 Lorraine Ma	
Lo	CAL REGISTRAB	25. FYNERAL DIRECTORY
-	I TO	The state of the state of
	Vs 150	37 / 2/a Orla.
59	007.	5 6 1 amil 6 6



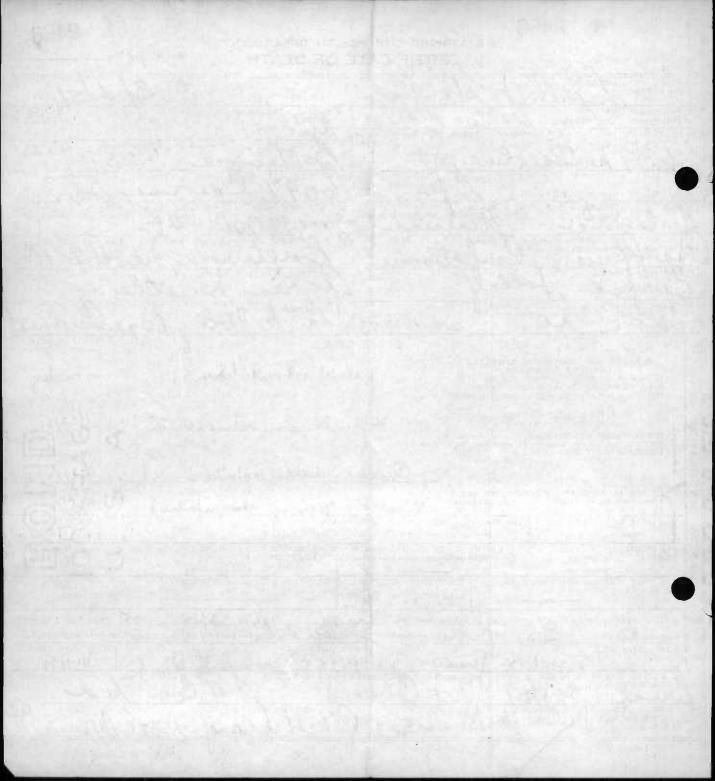
Registered No. CERTIFICATE OF DEATH BIRTH NO. 49. 26022 1. NAME OF DECEASED 2. DATE (Type or Print) I prodone Julton DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Bellemy B. FULL NAME OF (If not in hospital or institution, give street address or Tur J. HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Unwrite township) Return Vrs D. STREET ADDRESS (If rural, give location) Mos. n. For Ruthel St. Length of stay in Baltimore Davs 5. SEX 6. COLOR DE RACE 7 SINGLE MARRIED AGE (In years | If Under | Year | If Under 24 Hours | Institute | 9. AGE (in years) WIDOWED, DIVORCED (Specify) n 14 11. BIDTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 12. CITIZEN OF WHAT COUNTRY? 108, KIND OF BUSINESS OR work done doring most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM Dalores 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN OOJX CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Trushedbroughed obstruction. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. lnjury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Targe hila lymph modes. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO (c) the. UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 218. PLACE OF INJURY (e.g., In or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILF ATT NOT WHILE ! WORK 1951/to 3/14 19 5% that I last saw the 22. I hereby certify that I attended the deceased from 3/ deceased alive on 3/14 1951, and that death occurred at 4:50 Rm., from the causes and on the date stated above. 23A. SIGNATURE 238 ADDRESS 23c. DATE SIGNED Univ. Hasp. 1. Earle 3/14/5-1 24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETERY DR CREMATORY | 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) Burias FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR

VS 150

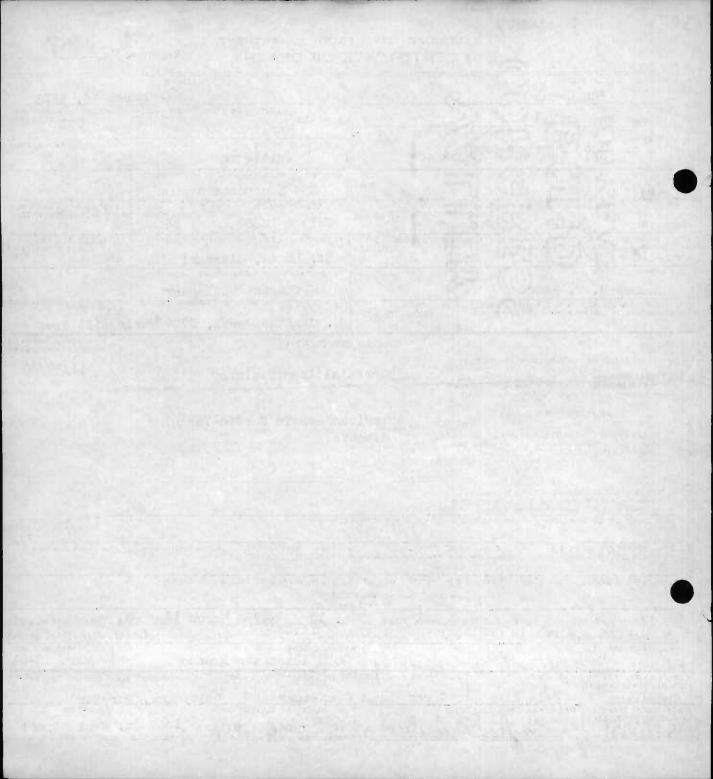


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1	51	2465			5,4	2465
Р				EALTH DEPARTMENT		
E	BIRTH NO.		CERTIFICAT	E OF DEATH	Registered No.	
	1. NAME OF DECLASE (Type or Print)	g, reke	V Exper	t. Effe	2. DATE 3/13/	51
3	3. PLACE OF DEATH: A. Baltimore City, M		setto Med	A. STATE		itution : residence before admission
F	B. FULL NAME OF (HOSPITAL OR INSTITUTION)	If not in hospital of	or institution, give street address of location	\	outside corporate limits, w	
7	1/13	10.010	20 Yrs.	DETREET ADDRESS (If r	curit, give the prion)	O 2 township
12	c. Length of stay in		Mon-	125 W. Ede	J ST.	
	iale C	OR OR RACE 7	V. SINGVE, MARRIED WIDOWED, DIVORCED (Specify	Le 4 1910	9. AGE (in years lift Under last birthday) Months	I I Year II Under 24 Hours Days Hours Min.
WO	ork doneduring most of warking	ON (Givekind of 1 life, even if rearred)	OS. KIND OF BEINESS OR	FIRTHPLACE (State or for	reign country) 12.	CITIZEN OF
1	13. FATHER'S NAME	0011	0	14 MOTHER'S MAIDEN A	ME -	.0.77
-	15. WAS DECEASED EVER	644	es si.	Marie, A	luul'	
(Y	Yes, no cunknown) (If y	give ar d dates of	orces? Security No.	Travels Dulle	p 805 me	Drugalet
	18. 472.1		CAUSE	OF DEATH		INTERVAL BETWEEN
		CONDITION DI NG TO DEATH				
	(This does not me heart failure, asthe	an the mode of	dying, e.g., (A)	1110-301Cro	W	UNK.
	injury or complie			chroine	. 0.16056	
,		EDENT CAUSES				
ERTIFICATION	DISEASES OR CO	ONDITIONS, IF A	NY, GIVING		••••••	
N S	UNDERLYING C	ONDITION LAST				
Ĭ	Ī	11	(C)	<u>.</u>		
2	OTHER SIGNIFIC	CANT CONDITI	ONS CON-			
Ü	TO THE DISEASE	OR CONDITION C	AUSING IT.	obereviosis (arrested	
A P	19A. DATE OF OPER	RATION 19B	. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
EDICAL	21A. ACCIDENT. SU HOMICIDE (Speci		21B. PLACE OF INJURY (e. g., bout bome, farm, factory, street, office bldg.	in or 21c. WHERE DID (If	f in Baltimore City, give	
ME		13)	and come, tarm, tacon y, acted comes ones.	INSORT OCCORT		
ŕ	ID. TIME (Month)	(Day) (Year) (H			OCCUR?	
			m. WHILE AT NOT WHILE			
			ded the deceased from 5	. 8 . 5 19 , to 3		hat I last saw th
	deccased alive on_	3.10	19 5 1. and that death Pocou	ared at 30 m., from the		late stated above 3c. DATE SIGNED
	The same	ne	BALTIMORE	Z3NEADARESS ISON ST	0	3-14.51
7	ZAA, BURIAL, CREMA- TON, REMOVAL Specify)	3/18/5	1 States West		Delivero	Sount) (State)
PLI	DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S	manufacture (1917 All In a second sec	5. FUNERA BIRECTOR	/ //.	DRESS
	MAR 1 61957	witting	Tom 115 Marilla, Add	Johnson new	ey-15526./M	Minner &
	VS 150			4 2	0 0/2	Ann

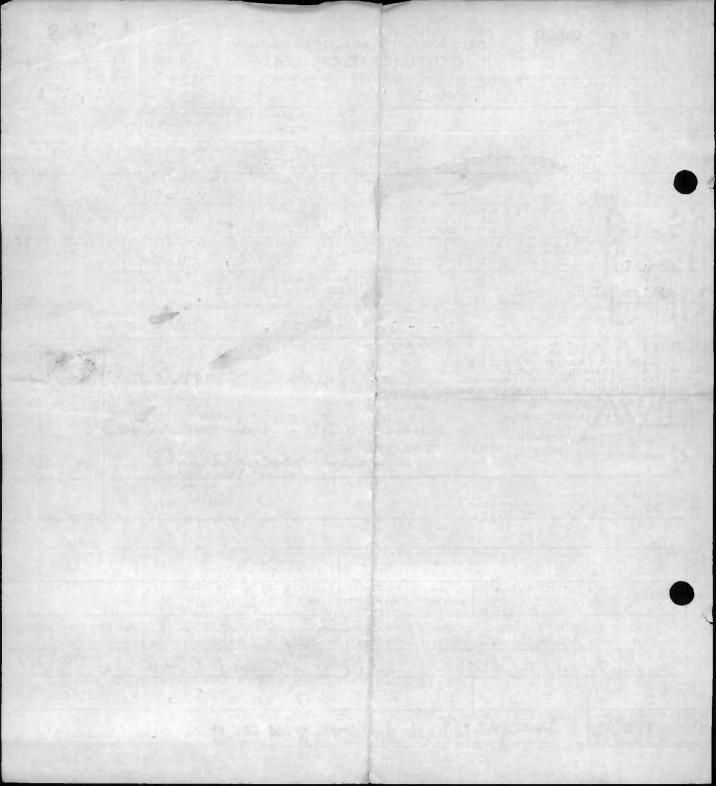




В	RTH NO.			CERTIFICATI	E OF DEATH	Registered No),————	
1. NAME OF DECEASED						2. DATE		
(Type or Print) Ida Owens						DEATH March	14, 1951	
Α.		City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived. If in B. COUNTY	stitution : residence before admission)	
	FULL NAME			ion, give street address or location)	Maryland			
IN	STITUTION	H393 Parsia	Home Son Aver	nue	C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore township)			
				Yrs.	D. STREET ADDRESS (If rural, give location)			
		tay in Baltimore		Mos. Days	3034 Edmondson Avenue			
5.	SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED, (ED, DIVORCED (Specify))	8. DATE OF BIRTH		hs: Days Hours: Min.	
	emale	White	Widov		July 4 1866	84	ns Days Hours Min.	
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country) 1;	2 CITIZEN OF	
H	otel Ope	rator	Se.		St. Louis, Miss	souri	WHAT COUNTRY?	
	FATHER'S				14. MOTHER'S MAIDEN NAME			
		B. F. Read			Katherine Gallagher			
15 (Ye	. WAS DECEASE	D EVER IN U.S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS			
,				SECORITY NO.	H. Clifton Owens	, 5729 Maple 1	Hill Road	
П	18. Larri CAUSE OF DEATH					*	INTERVAL BETWEEN	
	DISEAS	E OR CONDITION	DIRECTLY				ONSET AND DEATH	
3	(This does not mean the mode of dying, e.g., (A) Myocardial Ins					,	11/27/50	
ь	heart failu	re, asthenia, etc. It mes complication which	ins the diseas	e,		J		
	3113013 01			.) DOE 10				
7		ANTECEDENT CAUS	SES	Arterio	sclerotic Cardio-	-Vascular		
Ō		OR CONDITIONS,		is disas	***************************************	1***1*******************		
CERTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
110							12/2/09/09	
F		11		(C)				
ER	OTHER SIGNIFICANT CONDITIONS CON-						10.00	
U	TO THE DISEASE OR CONDITION CAUSING IT.				A T.O.		1	
AL.	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER			ATTON		20. AUTOPSY?		
EDICAL	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in			or 21c. WHERE DID (I	f in Baltimore City, giv	e exact location)		
					(sb.) INJURY OCCUR7			
Σ	210. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR7		
	FINJURY WHILE AT NOT WHILE							
Н	deceased alive on March 12, 1951, and that death occurred at 11:30 Am., from the causes and on the da							
	23A. SIGNAT	TURE	AR	2	3B. ADDRESS		23c. DATE SIGNED	
-	. BUDIAL C	Jengly	11	M. D.	3030 Edmondson Av		Mar. 15-51	
TIC	A. BURIAL. C ON, REMOVAL (S				RY OR CREMATORY 24D. L	OCATION (City, town, or	county) (State)	
Cremation 3/16/51 Green Mount Crematory Baltimore, Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNEBAL DIRECTOR ADDRESS								
L	CAL REGIST	BAR MEGISTRAR	S SIGNATU	Se & E. I o	25. FUNERAL DIRECTOR		DDRESS	
11	K 1615	1 thursday	141 / 1/2	LAKEL AND	WE COM THE	Tell St. 1	Paul Street	
	1/0 150	The second secon	-40 P		770			



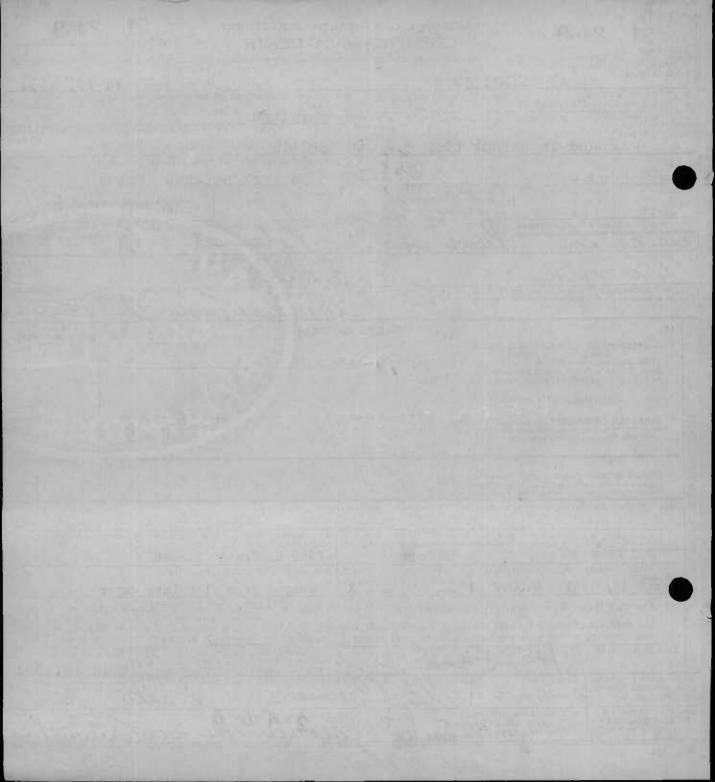
		CERTIFICAT			l No.		
BIRTH NO.							
1. NAME OF DI (Type or Print)		les T. Duvall		2. DATE OF MAIN	rch 14, 1951		
a. Baltimore C	ity, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission				
B. FULL NAME HOSPITAL OR INSTITUTION	2820 Rosels	al or institution, give street address of location awn Avenue	C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore 2-7-0 township				
	tay in Baltimore	Yrs. Mos. Days	p. Street address (If rural, give location) 2820 Roselawn Avenue				
male	6.COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify Married	July 17, 18	last birthday)	if Under 1 Year H Under 24 Hours Min.		
	CUPATION (Give kind of f working life, even if retired) I rinuer	108. KIND OF BUSINESS OR INDUSTRY	/	State or foreign country) unty, Moryland	12. CITIZEN OF WHAT COUNTRY		
13. FATHER'S N			14. MOTHER'S MA	14. MOTHER'S MAIDEN NAME			
	Tyler Duval		Ann Rebecca Byers				
(Yes, no or unknown)	D EVER IN U.S. ARMED (If yes, give war or dated	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Nay Duvall, 2020 Roselavn Avenue				
heart failui injury or DISEASES RISE TO THE	not mean the mode of co, asthenia, etc. It mean complication which complication which complication which complication which complication which complication compl	ES FANY, GIVING STATING THE		rdio Vasculandia Arthritis	uase)		
III TRIBUTING	IGNIFICANT CONDITO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED		0			
_	F OPERATION 1	98. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?		
LYING OF	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 21B. PLACE OF INJURY (e. g., in or INJURY OCCUR? (If in Baltimore City, give exact location)						
D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURS WHILE AT NOT WHILE MORK AT WORK		INJURY OCCUR?			
deceased al	22. I hereby certify that I attended the deceased from June 28, 1950, to March 14, 1951, that I last saw t deceased alive on March 12, 1951, and that death occurred at 2:30 pm., from the causes and on the date stated about						
Atelle	Harlo	M. D. A	1706 Star	ford Road	3-16-57		
24A. BURIAL, C TION, REMOVAL (S DUTIAL	Pecify) 248. DATE 3/17/5.	Loudon Park	0	Baltimore,	vn, or county) (State) Mryland		
DATE RECEIVED LACAL REGISTION AR 61	RAR REGISTRAR	s signature	25. FUNERAL DIR	есток %с. 51217 St. Р	aul Street		
VS 150	74.5	5 2 7			093d		



551				
51 2469	BALTIMORE CITY H	EALTH DEPARTMENT	F, 1	2889
The state of the s	CERTIFICAT	E OF DEATH	Registered N	Vo.
BIRTH NO.				
1. NAME OF DECEASED (Type or Print) HARRY	BIT I CTOTO		2. DATE OF	1 75 3053
3. PLACE OF DEATH:	MINOFF .	W. A. LICHAL DECIDENCE (DEATH Marc	
A. Baltimore City, Maryland		4. USUAL RESIDENCE (B. COUNTY	before admission
B. FULL NAME OF 'f not in hospita				
HOSPITAL OR INSTITUTION	location St,	c. CITY OR TOWN (I	f outside corporate limits	s, write RURAL and give township
Found in ha	rbor Pier 3 Prat	t Baltimore	15-13) township
	Yrs.		f rural, give location)	
ength of stay in Baltimore	J Days	- 3928 Park H	eights Aven	ue
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years) If	
male white	mig Ce		65	nens Days hours Min.
10A, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108 KIND OF BUSINESS OR	11. BIRTHPLACE (State or I		12. CITIZEN OF
Halesway	Paurie shoustre	Polan	d	WHAT COUNTRY
13. FATHER'S NAME	7	14 MOTHER'S MAIDEN N	IAME	
Moreus -		Etter 83		
15. WAS DECEASED EVER IN U. S. ARMED	FORCES? 16. SOCIAL	3 Nac		
(Yes, no or unknown) (If yes, give war or dates	of service) SECURITY NO.	17 INFORMANT	. 1/1	DDRESS
		sioranam !	menost -	grame
18. £ 975 XI	CAUSE	OF DEATH	00	ONSET AND OBATH
DISEASE OR CONDITION LEADING TO DEAT		THE PROPERTY OF		
(This does not mean the mode o	f dying, e.g., (A) Drown	ing	**************************************	
heart failure, asthenia, etc. It mea injury or complication which c				
ANTECEDENT CAUS	ES			
	(B)			
DISEASES OR CONDITIONS, IF	ANY, GIVING STATING THE DUE TO			
UNDERLYING CONDITION LA	ST. (C)			
0	(0)			
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT I	FIONS CON			
TRIBUTING TO THE DEATH, BUT I	NOT RELATED			
19A. DATE OF OPERATION 15	BB. MAJOR FINDINGS OF OPER	PATION		
I ISA. BATE OF OF ERATION	B. MASSIC PHOLICES OF SPEE	NATION .		YES NO X
21A. EXTERNAL CAUSE WAS	218. PLACE OF INJURY (e.g.,	in or 21c. WHERE DID (If in Baltimore City, g	
UNDERLYING OR CONTRIB-	about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		and account of
H STING B CAOSE OF BEATH.	Harbor	Pier 3, Pratt		
OF INJURY	, , , , , , , , , , , , , , , , , , , ,		Y OCCUR?	
	J P m.4 WORK AT WORK		pier into wat	
22. I certify that I took charg	ge of the remains described	above, held an Inq. 8	k Inspection	Athereon and from
	said Autopsy, Inspection or	Autopsy.	Inspection or Inquiry	
and death in my opinion	resulted from: natural cause	s , accident , suicide	A homicide . un	$ndetermined \square$.
23A. SIGNATURE	7 0	23B. CHIEF MEDICAL	EXAMINERXXX 230	
1	Tiske "	ASSISTANT MEDICAL 1.D. MEDICAL INVESTIGAT		rch 16, 1951
246. BURIAL, CREMA- 248. DATE TON, REMOVAL (Specify)	24c NAME OF CEMETE		OCATION (City, town,	or county) (State)
Juria 3-16-	- The	grinel	Halto	MIN
DATE RECEIVED BY REGISTRAR'S	SIGNATURE	25 FUNERAL DIRECTOR	6	ADDRESS
AVVOL REGISTRAR 1 00 M				

DATE RECEIVED BY LOCAL REGISTRAR
MAR 161951 V S 151 N-990X

REGISTRAR'S SIGNATURE

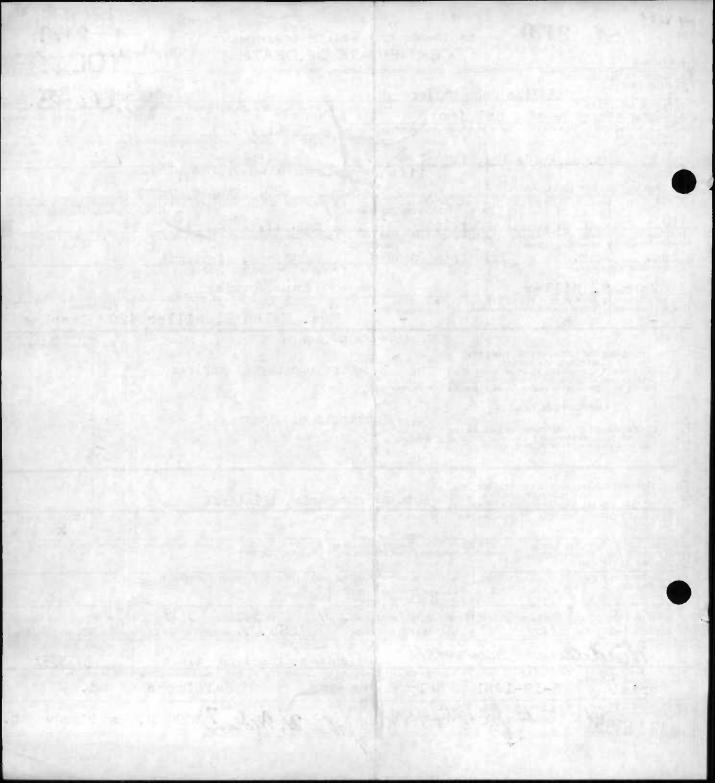


te the causes of death clearly and legibly.

1 2470

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.			CERTIFICAT	E OF DEAT	H Register	red No
1. NAME O (Type or Pri	F DECEASED				2. DATE	
	William	John	Miller		OF DEATH Ma:	rch 15, 1951
A. Baltimo	of DEATH: re City, Maryland	Balti	more	4. USUAL RESIDE	NCE (Where deceased liver B. COUNT	ed. If institution : residence
B. FULL NA	ME OF (If not in hospit	al or institu	tion, give street address or	Marvl	and	
HOSPITAL			location)	C. CITY OR TOWN	(If outside corporate	limits, write RURAL and gi
41	St. Joseph's	Hospita	al	Balti	more 2/-	-16 townshi
			life Yrs.	o. STREET ADDRE	SS (If rural, give location	n)
Length 5. SEX	of stay in Baltimore		Days	4207	Ivanhoe Avenue	
S. SEX	6. COLOR OR RACE	7. SINGL	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH		rs If Under Year If Under 24 Heu 7) Months: Days Hours: Min
Male	White		ried	Sept. 17.	1892 58	
work deneduring	OCCUPATION (Give kind of most of working life, even if retired)	108. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY
	Treas.	Printe:	r's Union	Baltimore	. Maryland	WHAT COUNTR
13. FATHER				14. MOTHER'S MA	IDEN NAME	, /
Joh	n S. Miller			Anna Sr	nyder	
15. WAS DEC	EASED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS AVE
-				Mrs. Heler	E. Miller	4207 Ivanhoe
18.	81.0		CAUSE	OF DEATH		INTERVAL BETWEE
DIS	EASE OR CONDITION					ONSET AND DEAT
(This	does not mean the mode of	f dying, e.	Bleed	ing esophage	al varices	
heart:	failure, asthenia, etc. It mea or complication which c	ns the diseas	se,		***************************************	***************************************
						44
7	ANTECEDENT CAUS	ES	Cirrh	osis of live	r	
DISEA	ASES OR CONDITIONS, II	F ANY, GIVIN	NG.	***************************************	***************************************	
UNDE	RLYING CONDITION LA	ST.				
2			(C)	************************************	***************************************	***************************************
DISEA RISE 1 UNDE	11					
TRIBU	R SIGNIFICANT CONDI	NOT RELATE		eumonia, bila	temal	
V	E DISEASE OR CONDITION		FINDINGS OF OPER		relar	
A 130. 50.	TE OF OPERATION	SB. MAJOR	FINDINGS OF OPER	ATION		YES X NO
21A. AC LYING	CIDENT WAS UNDER-	21B. PL/	ACE OF INJURY (e.g., in	n nr 21c. WHERE D	D (If in Baltimore C	City, give exact location)
	OR CONTRIBUTING	about home,	form, factory, street, office bldg., e	to.) INJURY OCCUP	₹?	
Σ	E (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F HOW DID	INJURY OCCUR?	
OF INJU	RY		WHILE AT NOT WHILE		MOOK! OCCOK!	
		m.	WORK AT WORK		7 2/20	
22. I he	ereby certify that I att	ended the		3/5/, 19.5	to 3/19,	1951, that I last saw th
decease	dalive on 3/15/	., 1951	and that death occur		from the causes and	on the date stated abov
23A. SIG	Laddeus	Sinn	MSki 2	-1-00		23c. DATE SIGNED
			M. D.		line Street	3/15/51
24A. BURIA TION REMOVA Buri	(Specify) 3-19-		Holy Redeen		Baltimore	town, or county) (State)
			TIOTA MAGAGI			
LOCAL REG	SISTRAR		Transp. M. B.	25. FUNERAL DIRE		Baltimore St
MARI	5 95	7 1 1 0		this 4, 116	rain .	Dal cluote pr
VS 15	0 4 5	2				, ,
			290 8X			1246
			1 - 0 /1			



51 2471 CERTIFICATE OF DEATH Registered No_ 1. NAME OF DECEASED 2. DATE (Type or Print) ANNIE OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY (If outside corporate limits, write RURAL and give INSTITUTION townshint Yrs. O. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE AGE (in years Il Under 24 House WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. worked 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BJATHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY HAN COUNTRY none lone 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 18. INTERVAL BETWEEN

CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) QUE TO (C)

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

24B, DATE

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING

21c. WHERE DID INJURY OCCUR?

YES (If in Baltimore City, give exact location)

20. AUTOPSY

23C DATE SIGNED

21F. HOW DID INJURY OCCUR?

ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE ATT

NOT WHILE

AT WORK WORK

22. I hereby certify that I attended the deceased from 3-11-3 deceased alike on 3-15-579

m., from the causes and on the date stated above.

and that death occurred at 23A. SIGNATURE 23B. ADDRESS

24C. NAME OF CEMETERY OF CREMATORY

24D. LOCATION (City, town, or county)

19 to 3-/8-5 1, 19 that I last saw the

DATE RECEIVED BY LOCAL REGISTRAR

VS 150

24A. BURIAL, CREMA-

CAUSE OF DEATH

ERTIFICATION

Ū

EDICAL

REGISTRAR'S SIGNATURE

Daltemores

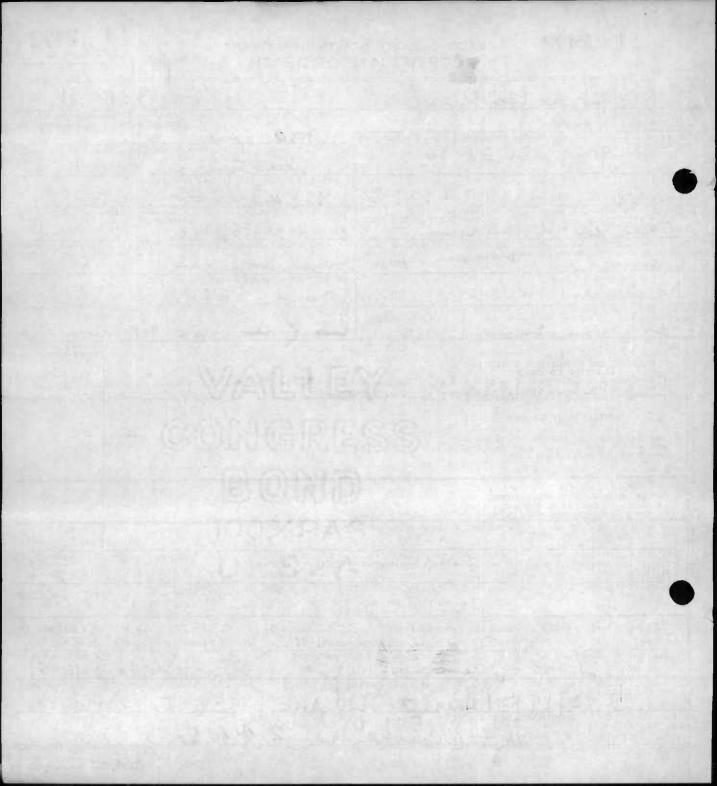
25. FUNERAL DIRECTOR ADDRESS

CHARLES TO BE THE STATE OF THE A San Maria Committee and the All San Transfer and American Manager Manager

BALTIMORE CITY HEALTH DEPARTMENT

degistered No. 369

BIRTH NO. CERTIFICAT	E OF DEATH Registered No. 7
1. NAME OF DECEASED (Type or Print) Charles King	2. DATE OF 3-15-5]
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OR TOWN () (If outside corporate limits, write RURAL and give
1001.2001.01	Ballinge 16-03 township
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore	908 N. Julmor 3
male colored Widowed (Specify)	9. AGE (In years last birthday) Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work fone during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
- trucker	Sommerret to med U.S. S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15 WAS DECLASED SWED IN	martha Elsie
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
in mexica + Indian War no	Ellowie Harrison 908 Jelmon of
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	n 1-t
(This does not mean the mode of dying, e.g., (A)	Typearous wow
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
CC)	
OTHER SIGNIFICANT CONDITIONS CON-	
U TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
21a. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in	YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., c	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRE	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 11.	73 , 1951, to 3 - 15 , 1951, that I last saw the
	red all:40 Pm., from the causes and on the date stated above.
	38. ADDRESS 23c. DATE SIGNED
range 14 Dander M. D.	1º 29 n.) Crickersto 3-16-51
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Sunal 3 19 5 Batto. 14	alional Ballo ma
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MARIETORY 1- 45 to Miliama, KIRT	Ses & Relson 1303
Vs 150 1301	093 & Presstrand
	7 7 2 600 11 /12/2/2/2/2/

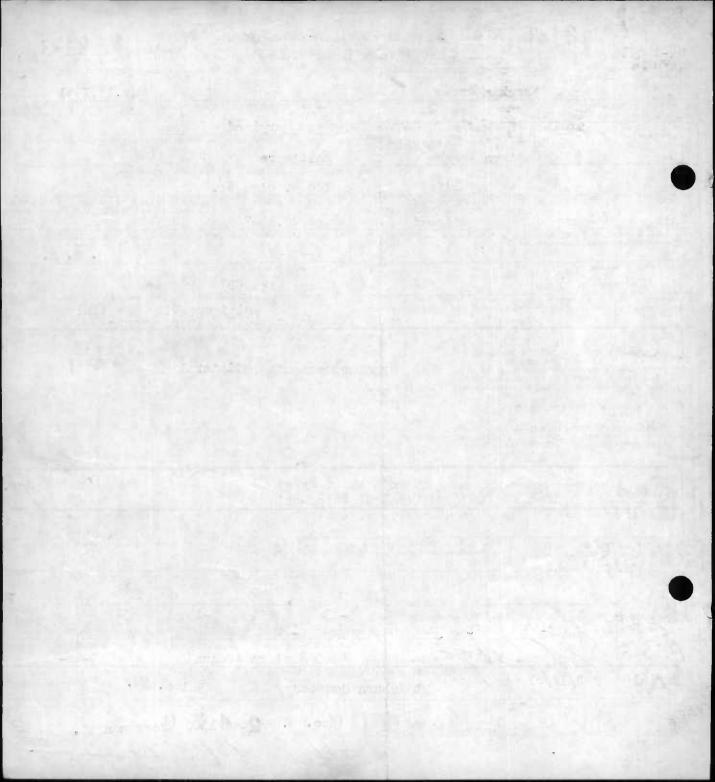


ND-146716

51 2473 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

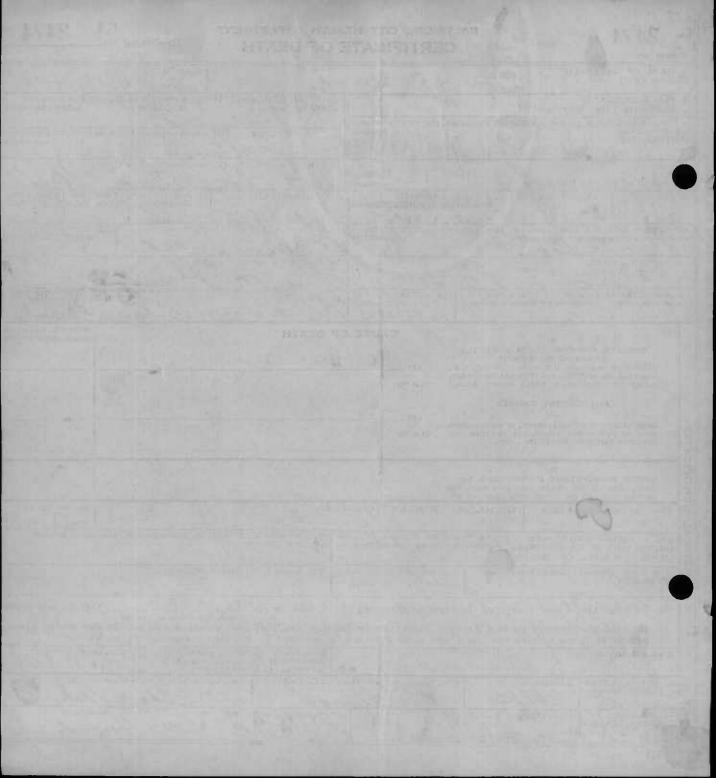
Registered No. 2413

В	RIH NO.				
1. (T	NAME OF DECEASED ype or Print) Abraham E	rown		2. DATE OF DEATH Mar	.13,1951
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE		
	FULL NAME OF (If not in hospital or instit	ution, give street address or	Maryland		
	Baltimore City	Hospitals location)	c. CITY OR TOWN (If outside corporate limi	ts, write RURAL and give township)
	4940 Eastern A	venue	Baltimore	3-01	
		Yrs.	D. STREET ADDRESS (I	f rural, give location)	
<u>.</u>	Length of stay in Baltimore	Life Mos. Days	120 N. High St		
5.	SEX 6. COLOR OR RACE 7. SING	LE. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH		If Under 1 Year on the Days Hours Min.
_	ale Negro	Widowed	June 20,1867	83	onths Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of 10B. KI)	ND OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
401	t dooe during most of working life, even it retired)	INDUSTRY	Mamala ad		WHAT COUNTRY?
13	FATHER'S NAME		Mary la nd		U. S. A.
'			14. MOTHER'S MAIDEN		. /
1.5	George (D)		Harriett (D)		
(Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? a, no or uokoowo) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Balti	more City Hot	DDRESS
_			Records: 4940	Eastern Aven	le
	18. 491 X and 1	77 X CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTL	Y / ^			ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e	- Bronch	opneumonia bila	teral	?
	heart failure, asthenia, etc. It means the dise	ase,	ropite univital		
	injury or complication which caused dea	th.) DUE TO			
	ANTECEDENT CAUSES				
Z		(B)		***************************************	
9	DISEASES OR CONDITIONS, IF ANY, GIVEN RISE TO THE ABOVE CAUSE (A) STATING				
AT	UNDERLYING CONDITION LAST.				
2		(C)	***************************************	***************************************	••••••
ERTIFICATION	II - I - I	Complement	of Prostate		0
E	OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA	TED G			Over 6 Mos
C	TO THE DISEASE OR CONDITION CAUSING	cerebral	Thrombosis		
	19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	ATION		20. AUTOPSYT
A					YES NO
IEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21B. P	LACE OF INJURY (e. g., in e, farm, factory, street, office bldg., e	o or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City,	give exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	RY OCCUR?	
	FINJURY	WHILE AT NOT WHILE			
h	m.	WORK AT WORK			
	22. I hereby certify that I attended th	e deceased from	3-13 , 19 51, to_	3-13 , 195	L, that I last saw the
			red at 1 pm., from		
	23A. SIGNATURE		3B. ADDRESS		23c. DATE SIGNED
	Cold. Colo	ales "	4940 Eastern Ave	enne	3-14-51
2	A. BURIAL, CREMA- 248 DATE	24C, NAME OF CEMETE	RY OR CREMATORY 24D.		
Tic	Burney (Specify) 3/17/51	Mt Auburn		Balto. Md.	
	TE RECEIVED BY REGISTRAR'S SIGNA	TURE	25. FUNERAL DIRECTOR		ADDRESS
I A	INR 16195	W. Ministra, W. M.	Goo. Go Kelson	1303 Prasstm	an St
	VS 150	1	11	11	The state of the s
		DF1/-	· Klan N	18012a	-



BALTIMORE CITY HEALTH, DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO. CERTIFICATE OF DEA	TH Registered No.
I. NAME OF DECEASED	2. DATE
(Type or Print) Kaymond E. Payne	OF Mar. 14,1951
3. PLACE OF DEATH: 4. USUAL RES	IDENCE (Where deceased lived, If institution; residence
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	Manuface B. COUNTY before admission)
HOSPITAL OR Location C. CITY OR TO	VN (If outside corporate limits, write RURAL and give
INSTITUTION MEMORIAL HIS SHITALLONA	alterise 9-07 township)
Yrs. D. STREET ADD	ORESS (If rural, give location)
ength of stay in Baltimore Mos. Days 16/7	Nonestand Strait
	RTH 9. AGE (In years) If Under I Year If Under 24 Hours
WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 111. BIRTHPLAC	E (State or foreign country) 12. CITIZEN OF
work done during most of working life, are mifretired) INDUSTRY	WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S	more ma.
m. E	MAIDEN NAME
- Marion 6. Myre Mary	M. Telss
15. WAS DÉCEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	ADDRESS
185-05-3825 Miss X	Pessie 13 Jame-same
18. 331X CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	scular Mocident
heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	20. AUTOPSY?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	YES NO M
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. EXTERNAL CAUSE WAS DEPORT FOR THE PROPERTY OF COLORY STREET OF COLORY	YES NO YE
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. EXTERNAL CAUSE WAS DEPORT FOR THE PROPERTY OF COLORY STREET OF COLORY	YES NO YE
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DEATH OR CONTRIBUTING CAUSE OF DEATH.	YES NO YE
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	YES NO YE
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or ling) 21C. WHERE INJURY COURTED Shouthome, farm, factory, street, office bidg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED SITURD OF INJURY OCCURRED SITURD OF INJURY OCCURRED SITURD OF INJURY OCCURRED SITURD	YES NO YE
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DISEASE OF CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, atreet, office bidg., etc.) 17	DID (If in Baltimore City, give exact location) DID INJURY OCCUR? Lus pe - time thereon and from Autorsy, Inspection or Inquiry
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) 17	DID (If in Baltimore City, give exact location) OID INJURY OCCUR? The standard deceased died on the day stated above,
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, atreet, office bldg., etc.) 21C. WHERE INJURY OCCURRED WHILE AT WORK AND WHILE AT WORK AND WHILE AT WORK AT W	PEDID (If in Baltimore City, give exact location) CUR? DID INJURY OCCUR? The period thereon and from Autopsy, Inspection or Inquiry at said deceased died on the day stated above, suicide , homicide , undetermined
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) 11	PID INJURY OCCUR? The standard died on the day stated above, suicide , homicide , undetermined . MEDICAL EXAMINER
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION CAUSING IT. 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION CAUSING IT. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, atreet, office bidg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DESTRUCTION OF INJURY (E. g., in or about home, farm, factory, atreet, office bidg., etc.) 21F. HOW DESTRUCTION OF INJURY 22C. I certify that I took charge of the remains described above, held and the evidence obtained by said Autopsy, Inspection or Inquiry, find the and death in my opinion resulted from: natural causes of assistant M.D. MEDICAL III 23A. SIGNATURE A. M.D. MEDICAL III OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTR	DID (If in Baltimore City, give exact location) CUR? DID INJURY OCCUR? Thereon and from thereon and from a said deceased died on the day stated above, suicide , homicide , undetermined . MEDICAL EXAMINER
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or shout home, farm, factory, street, office bldg., etc.) UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 22. I certify that I took charge of the remains described above, held an and death in my opinion resulted from: natural causes (A), accident for and death in my opinion resulted from: natural causes (A), accident for and death in my opinion resulted from: natural causes (A), accident for REMOVAL (Specify) 24A. BURIAL, CREMA- 24B. DAFE 24C. NAME OF CEMETERY OR CREMATOR TOWNS (CONTRIBUTION)	DID (If in Baltimore City, give exact location) CUR? DID INJURY OCCUR? Thereon and from thereon and from Autopsy, Inspection or Inquiry at said deceased died on the day stated above, suicide , homicide , undetermined . MEDICAL EXAMINER
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION CAUSING IT. 21B. PLACE OF INJURY (e. g., in or labout home, farm, factory, street, office bidg., etc.) UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an and death in my opinion resulted from: natural causes (f), accident for the evidence obtained by said Autopsy, Inspection or Inquiry, find the and death in my opinion resulted from: natural causes (f), accident 123A. SIGNATURE 23A. SIGNATURE 24A. BURIAL, CREMA- 24B. DATE 10A REMOVAL (Specify) 3/1/5/	Autopsy, Inspection or Inquiry at said deceased died on the day stated above, suicide, homicide, undetermined MEDICAL EXAMINER
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UNDERLYING OR CONTRIB. UNDERLYING OR CONTRIB. UNDERLYING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY 22. I certify that I took charge of the remains described above, held and the evidence obtained by said Autopsy, Inspection or Inquiry, find the and death in my opinion resulted from: natural causes (1), accident [23A. SIGNATURE] 23A. SIGNATURE 24A. SURIAL, CREMA- 24B.DAFE 24C. NAME of CEMETERY OR CREMATOR TION REMOVAL (Specify) 3/1/5/1/5/1/5/1/5/1/5/1/5/5/5/5/5/5/5/5/	DID (If in Baltimore City, give exact location) CUR? DID INJURY OCCUR? Thereon and from thereon and from a said deceased died on the day stated above, suicide , homicide , undetermined . MEDICAL EXAMINER
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION CAUSING IT. 21B. PLACE OF INJURY (e. g., in or labout home, farm, factory, street, office bidg., etc.) UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an and death in my opinion resulted from: natural causes (f), accident for the evidence obtained by said Autopsy, Inspection or Inquiry, find the and death in my opinion resulted from: natural causes (f), accident 123A. SIGNATURE 23A. SIGNATURE 24A. BURIAL, CREMA- 24B. DATE 10A REMOVAL (Specify) 3/1/5/	DID (If in Baltimore City, give exact location) CUR? DID INJURY OCCUR? Thereon and from thereon and from a said deceased died on the day stated above, suicide , homicide , undetermined . MEDICAL EXAMINER
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY 22. I certify that I took charge of the remains described above, held and the evidence obtained by said Autopsy, Inspection or Inquiry, find the and death in my opinion resulted from: natural causes (1), accident [23A. SIGNATURE] 24A. SURIAL, CREMA- 24B.DATE 10A REMOVAL (Specify) 3 1/3 5	DID (If in Baltimore City, give exact location) CUR? DID INJURY OCCUR? Thereon and from thereon and from a said deceased died on the day stated above, suicide , homicide , undetermined . MEDICAL EXAMINER



of

important.

especially

S

deceased alive on_

23A. SIGNATURE

1951

township)

Am., from the causes and on the date stated above.

23c. DATE SIGNED

3-15-5

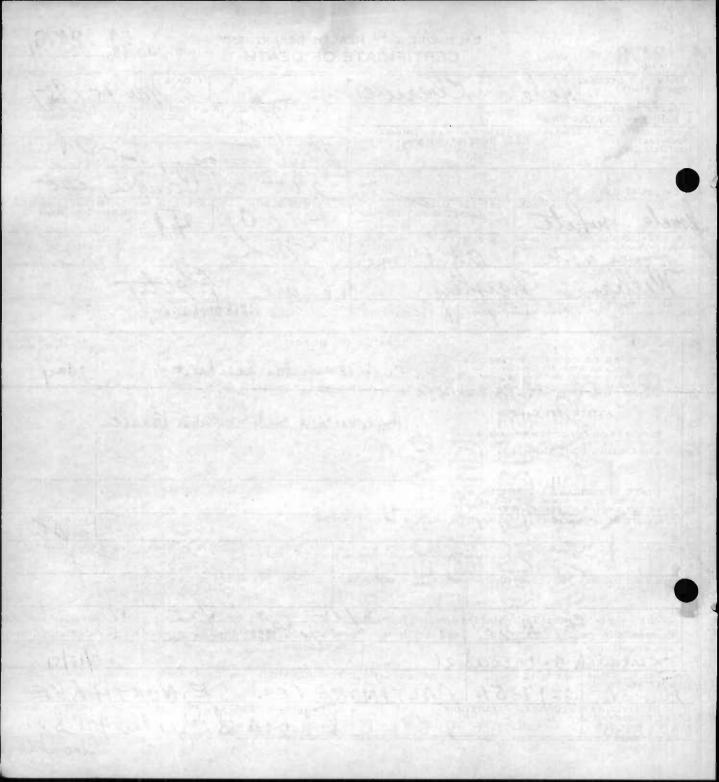
24A. BURIAL, CREMA-24D. LOCATION (City, town, or county) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY URIA SIGNATURE ILL ME DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150 061.0

23B. ADDRESS

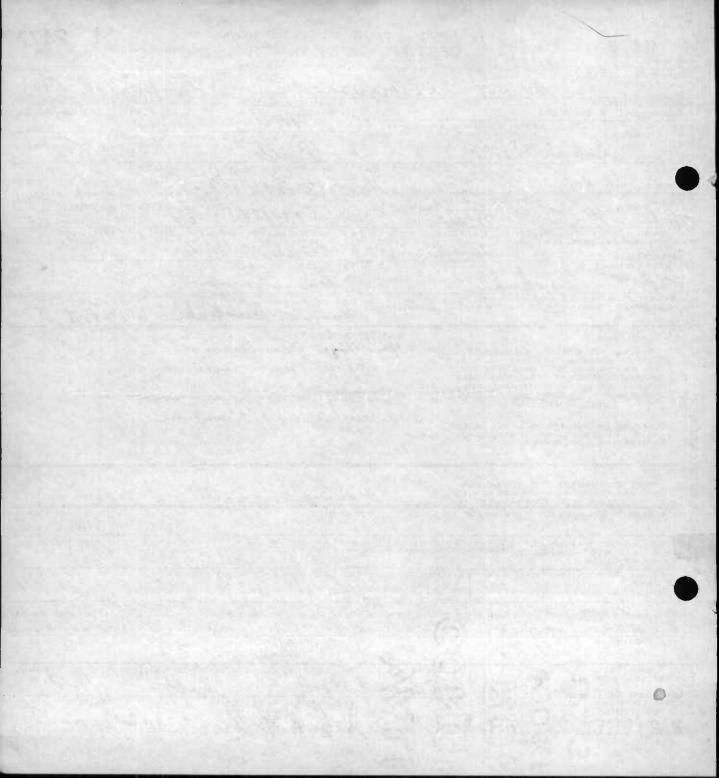
and that death occurred at

A STATE OF THE PROPERTY OF THE PARTY OF THE Canada Cara State Continues and Danker and Sant V THE LOS OF SHIP SHIP STATE

EPULL NAME OF (If not in hospital or institution, give effect address or HOSPITAL OR INSTITUTION TO REPORT ALL OR INSTITUTION TO A SEX	5	165	
BRITH NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DECTATE: 4. Baltimore City, Maryland 5. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 1. NAME OF DECEASED 1. NAME DECEASED EVER IN U. S. ARKED FORKES (Ves. no or unknown) 1. NAME DECEASED EVER IN U. S. ARKED FORKES (Ves. no or unknown) 1. NAME DECEASED EVER IN U. S. ARKED FORKES (Ves. no or unknown) 1. NAME DECEASED EVER IN U. S. ARKED FORKES (Ves. no or unknown) 1. NAME DECEASED EVER IN U. S. ARKED FORKES (Ves. no or unknown) 1. NAME DECEASED EVER IN U. S. ARKED FORKES (Ves. no or unknown) 1. NAME DECEASED EVER IN U. S. ARKED FORKES (Ves. no or unknown) 1. NAME DECEASED EVER IN U. S. ARKED FORKES (Ves. no or unknown) 1. NAME DECEASED EVER IN U. S. ARKED FORKES (Ves. no or unknown) 1. NAME DECEASED EVER IN U. S. ARKED FORKES (Ves. no or unknown) 1. NAME DECEASED EVER IN U. S. ARKED FORKES (Ves. no or unknown) 1. NAME DECEASED EVER IN U. S. ARKED FORKES (Ves. no or unknown) 1. NETTHER S. MAIDEN NAWE 1. NOTHER'S M	5	BALTIMORE CITY HEALTH DEPARTMENT	51 2478
(Type or Print) 3. PLACE OF DEATH: 4. Baltimore City, Maryland 5. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 5. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 7. SEX (COLOR OF RACE) 7. SINGLE, MARMEDED, (Specify) 8. DATE OF BIRTH 9. AGE (In years) [8 lines Years) 1 lines 1 lines	11 -		Registered No.
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or PLOSPITAL OR INSTITUTION) Length of stay in Baltimore Nos. Days 10. STREET ADDRESS (If years) is under the control of the c			OF 1/12 1-14-1
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION INS	3	3. PLACE OF DEATH: 4. USUAL RESIDENCE (A. STATE	Where deceased lived. If institution: residence
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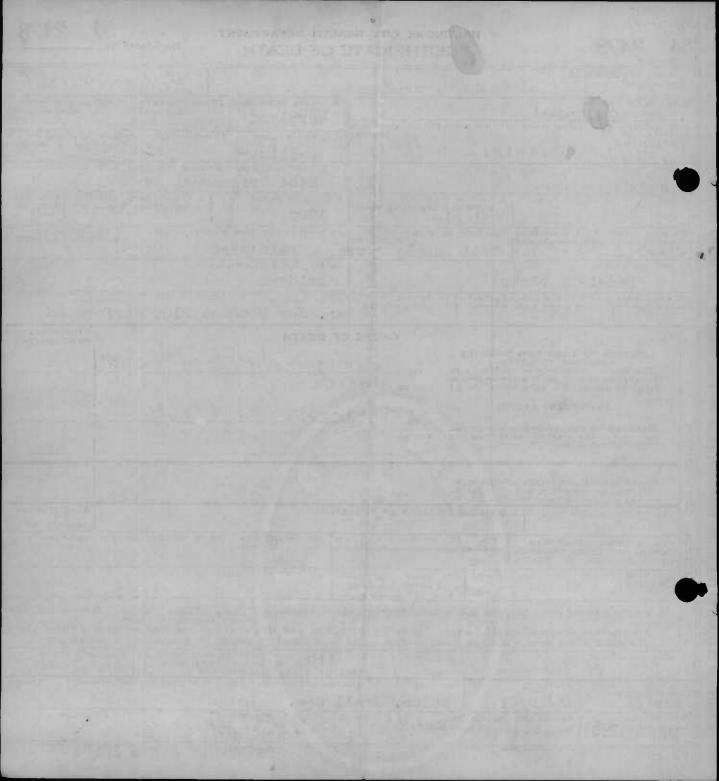
1524	
BALTIMORE CITY HEALTH CERTIFICATE OF	
1. NAME OF DECEASED (Type or Print) AV6-UST LEIMKUHLE	P 2. DATE. Mas. 16-51
A. Baltimore City, Maryland	AL RESIDENCE (Where deceased lived. If institution: residence
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION C. CITY	OR TOWN (If outside corporate limits, white RUDAL and give township
Length of stay in Baltimore Yrs. Mos. Days	EET ADDRESS (If rural, give location)
Male White Married (Specify)	OF BIRTH 9. AGE (In years II Under I Year Hours Min. 19-1887 6. AGE (In years II Under I Year Hours Min.
108. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) Toster australia (12. Most and 13. FATHER'S NAME) 108. KIND OF BUSINESS OR (11. BIRT australia (12. Most and 13. FATHER'S NAME)	Balto. Ind. WHAT COUNTRY
Albert Leimkuhler Sen	a Rodman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO.	M. Leimkuhler 6147. Port St.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	meumonia
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
LYING OR CONTRIBUTING shout home, farm, factory, street, office bldg., etc.) INJU	WHERE DID (If in Baltimore City, give exact location) JRY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. WHILE AT WORK NOT WHILE AT WORK	HOW DID INJURY OCCUR?
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23A. SIGNATURE Station M. D. 23B. ADDI	
24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CRETION, REMOVAL (Specify)	EMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 27. FUN	B. Willes 2324 Lessen ST.
VS 150	0472



Physicians;

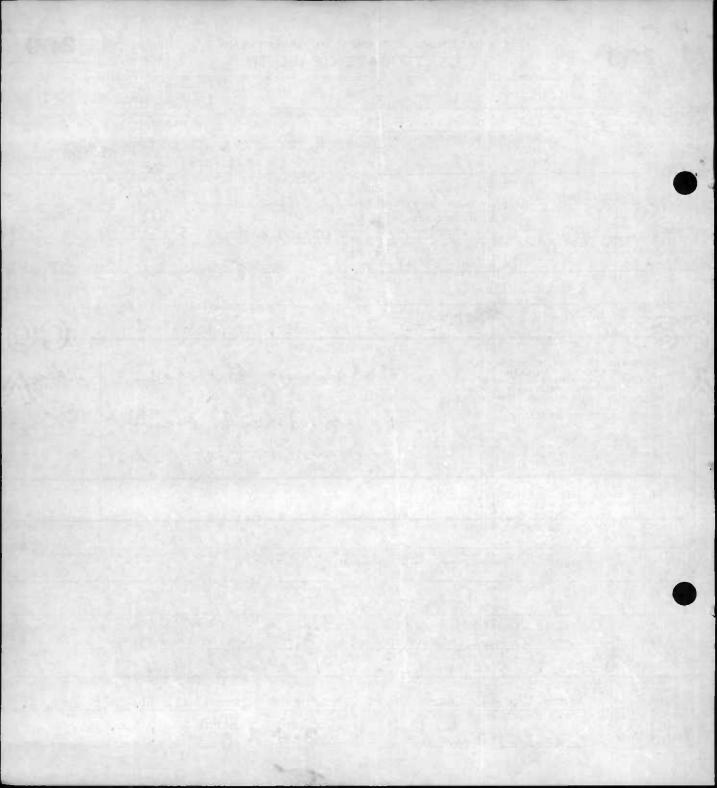
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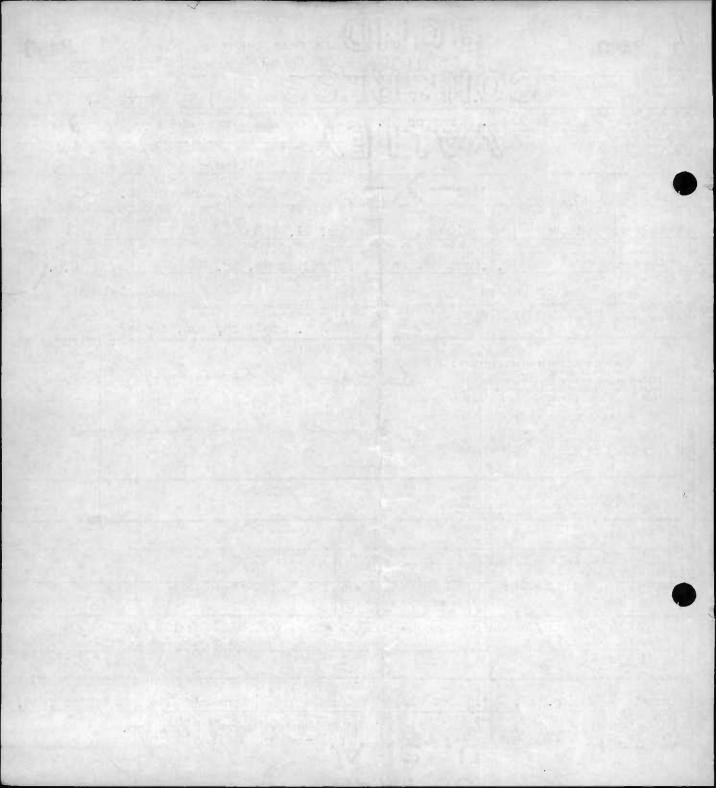


BALTIMORE CITY HEALTH DEPARTMENT

B	IRTH NO.	J	CI	ERTIFICA	IE	OF DEAT	Н	Registered	110	
	NAME OF D	PECFASED						2. DATE	**	
	Type or Print)		P. SULIK					OF Mar	ch 14.	1951
3.	PLACE OF D	City, Maryland 67	29 Robert	C Arra		4. USUAL RESIDE	ENCE (WI	here deceased lived.	If institut	ion : residence
_	FULL NAME			give street addres		A. STATE	Md	B. COUNTY	h	before admission)
H	OSPITAL OR	. (22 000 000 000 000 000 000 000 000 000		locati		c. CITY OR TOWN	(If c	outside corporae lin	its writ	ROPAL and give
0	ASTITUTION						Baltim	ore L	, ,	township
7				Yı		D. STREET ADDRE	ss (lfr	ural, give location)	1 -	
c.	Length of s	stay in Baltimore	25 yea	rs Me			6728 R	oberts Ave		
5.	. SEX	6. COLOR OR RACE	7. SINGLE, N	ARRIED, DIVORCED (Spe	3 (2)	B. DATE OF BIRTH	1	9. AGE (In years)	H Under 1 Ye	ays Hours; Min.
	male	white		ried		March 23, 18	385	65		ays Hours Mills
1C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND OF	F BUSINESS OR	1	1. BIRTHPLACE		eign country)		TIZEN OF
	Oiler		Bethlehem			Czeci	hoslov	akia		choslovaki
13	FATHER'S	NAME		Shopeyor		14. MOTHER'S MA		ME		ALO HOVE AL
		Jacob S	ulik					unknow	1	
15 (V.	S. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES? 10	6. SOCIAL	1	7. INFORMANT			ADDRES	S
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	(This does	LEADING TO DEA's not mean the mode of	of dying, e. g.,	(A)7 U	U -	morron	60	Orna_		2 days
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Y	UNDERL	YING CONDITION LA	ST.	(c) /+4	PA	praul	ľ.	V. Or flo	el	
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RTI	OTHER S	II SIGNIFICANT CONDI	TIONS CON-							
H		S TO THE DEATH, BUT DISEASE OR CONDITION				•••••				
ı				NDINGS OF O	PERAT	TION			2	O. AUTOPSY?
CAL									Y	ES NO
ā	LYING O	R CONTRIBUTING	21B. PLACE ebout home, farm,	OF INJURY (e., factory, street, office bl	g., in o	21c. WHERE D		in Baltimore City	, give exa	act location)
ME	CAUSE OF									
K	F INJURY	(Month) (Day) (Year)		. INJURY OCCU		21F. HOW DID	INJURY	OCCUR?		
h				RK NOT WE	RK					
	22. I heret	by certify that I at	ended the dec	ceased from	n	W/2, 195	l, to_2	Wor 15, 19	[, that	I last saw the
Н	deceased a	live on New 15	_, 195 L, and	d that death oc	curre	ed at 3 Pm.	, from th	e causes and on	the date	e stated above
	23A. SIGNA	TURE /	much	0.0	238	a. ADDRESS	1	1 6.0	23c.	DATE SIGNED
-	AA BUDIAL	CREMA: 24B. DATE	mocky	M. D.	TED	OR CREMATORY	0000	CATION (City, tow	-	$\frac{1}{1}$ $\frac{1}{1}$ $\frac{1}{1}$ $\frac{1}{1}$
Ťì	ON, REMOVAL	Specify)								
-	Burial	March 17		cred Heart				n Hill Rd.		
1	ATE RECEIVE	RAP	SEIGNATURE	10	1 2	Schimunek	Funer	al Home, Ir	ADDF	123
N	IAK 1013	101 - 10 1	T William	A. H. M.	-	12601-345	. Mad	ison St.		
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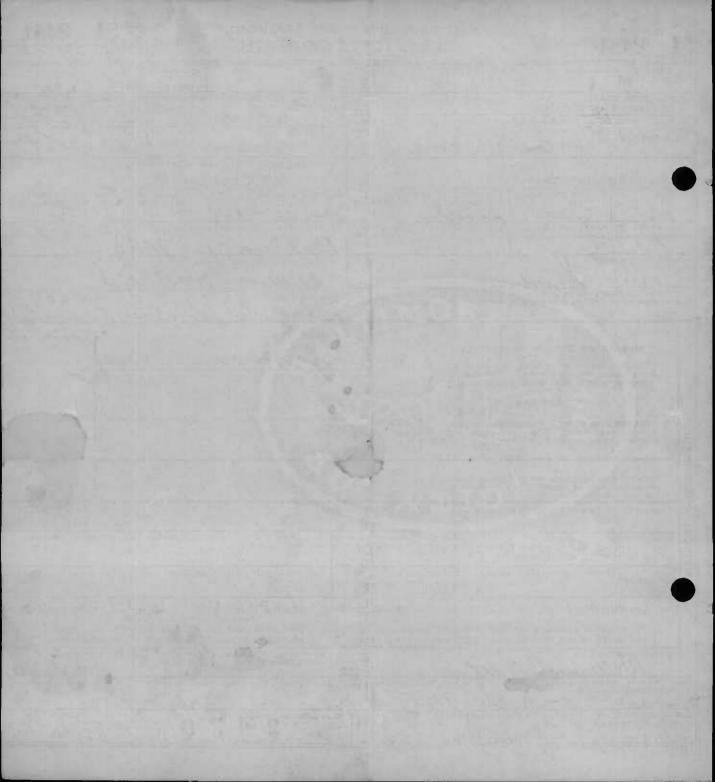
57 24	80			E OF DEAT		Registered	No.	2480
BIRTH NO.			SERTIFICAT	E OF BEAT				
1. NAME OF (Type or Print)	BARBA	ARA C. S	CHLAUCH			2. DATE OF DEATH March	1 14, 1	1951
	City, Maryland 90			A. STATE MO		ere deceased lived, I B. COUNTY		n: residence fore admission)
B. FULL NAME HOSPITAL OR INSTITUTION		al or institutio	on, give street address o location	C. CITY OR TOWN	(If ou	utside corporate limi	Pil RI	URAL and give township
			Yrs.	D. STREET ADDR				
	stay in Baltimore	life	Mos. Days	90	00 N. S	treeper St.	•	
female	6.COLOR OR RACE	WIDOWI	, MARRIED, ED, DIVORCED (Specify dowed	8. DATE OF BIRTH		9. AGE (In years last birthday) M	fi Under 1 Year onths Days	i Under 24 Hours Hours Min.
10A. USUAL O	CCUPATION (Give kind of t of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE		ign country)	12. CITI	ZEN OF AT COUNTRY
Waitres			t Office	Baltimore	Md.			U.S.
13. FATHER'S		+		14. MOTHER'S MA	IDEN NAM			
	Anton Pa					Marie I	Jolaza	
(Yes, no or unknown	SED EVER IN U.S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	John A. Schl	lauch,		ADDRESS	
18. 4	D. 1.		CAUSE	OF DEATH	0			RVAL BETWEEN
DISEA	SE OR CONDITION		0	-	-	1.	Ollon	A DEATH
(This does	es not mean the mode of	of dying, e. g.	, (A)	my/	her	Am.	2	clay.
	r complication which							
	ANTECEDENT CAUS	SES	6		16	1	0.	
DISEASE RISE TO UNDER!	ES OR CONDITIONS, I	F ANY, GIVING	(B)	and just	u	reno sc		***************************************
RISE TO UNDERL	THE ABOVE CAUSE (A)	STATING THE	0					
L L L			(C)	***************************************		***************************************		
I F	SIGNIFICANT COND	TIONS CON						
W TRIBUTIN	G TO THE DEATH, BUT	NOT RELATED						
			FINDINGS OF OPE	RATION			20.	AUTOPSY?
N N	0						YES	
2 IA. ACCI LYING C CAUSE OF	DENT WAS UNDER- DR CONTRIBUTING DEATH	21B. PLA	CE OF INJURY (e. g., rm,factory,street,nflicebldg.	In BF 21C. WHERE E ,otc.) INJURY OCCU		in Baltimore City,	give exact	location)
P. ID. TIME	(Month) (Day) (Year	(Hour) 2	1E. INJURY OCCUR	RED 21F. HOW DID	INJURY (OCCUR?		
A MOOK			HILE AT NOT WHILE				-	
22. I here	by certify that I at	tended the c	deceased from 3	110 ,157	_, to_ 3_	/13 ,19	Z. that I	last saw the
deceased of	alive on 3/13	, 19/7, a	nd that death occi	erred at 4/2 m.				
23A. SIGNA	TURE	7	м. р.	23B. ADDRESS	Man	med ft	23C, D.	ATE SIGNED
24A. BURIAL. TION, REMOVAL	CREMA 248. DATE			ERY OR CREMATORY	24D. LOC	CATION (City, town	n, or county	(State)
Burial	Mar. 17		Oak Hill Ceme	•		r's Lane, I		
LOCAL REGIS	TRAR .	SSIGNATUI	RE CUIL ME	Schimuneko F	uneral	Home, Inc.	ADDRES	SS
WAK 1 0 1	151 turker				radis	or poreed.		



E1 0101	E OF DEATH Registered No.
BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print) WILLIAM STEVE	NSC OF March 15, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF "f not in hospital or institution, give street address of	Maryland
INSTITUTION 607 Cumberland Street	c. CITY OR TOWN (If outside corporate innits, wright RAL and give township
Yrs.	
Length of stay in Baltimore Mos.	607 Cumberland Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify Male Colored Senote	8. DATE OF BIRTH 9. AGE (In years if binder I Year last birthday) Months: Days Hours Min 76
10A. USUAL OCCUPATION (Givekindof 10B. KIND) OF BUSINESS OR work demonstrating most of working life, even if retired 11D INDUSTR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
13. FATHER'S NAME	Baltimore Md. WHAT COUNTRY
John Stevens	mary Howard
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT Steadles Colored
	OF DEATH INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AND GEAT
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	osclerotic cardiovascular disease
injury or complication which caused death.) DUE TO	0
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
Y (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
A STAR BLACE OF INJURY (in or 21c. WHERE DID (If in Baltimore City, give exact location)
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION OF DEATH.	INJURY OCCUR?
21b. TIME (Month) (Day) (Year) (Hour) 21b. INJURY OCCURF OF INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above S. Z., accident , suicide , homicide , undetermined .
23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER 23c, DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 124C. NAME OF CEMET	M.D. MEDICAL INVESTIGATOR
2 Drial 3-19-5-1 MA-Chi	burn Can Balto mol
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 3 78
WS 11/51 61951	ino manas qui como aci

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

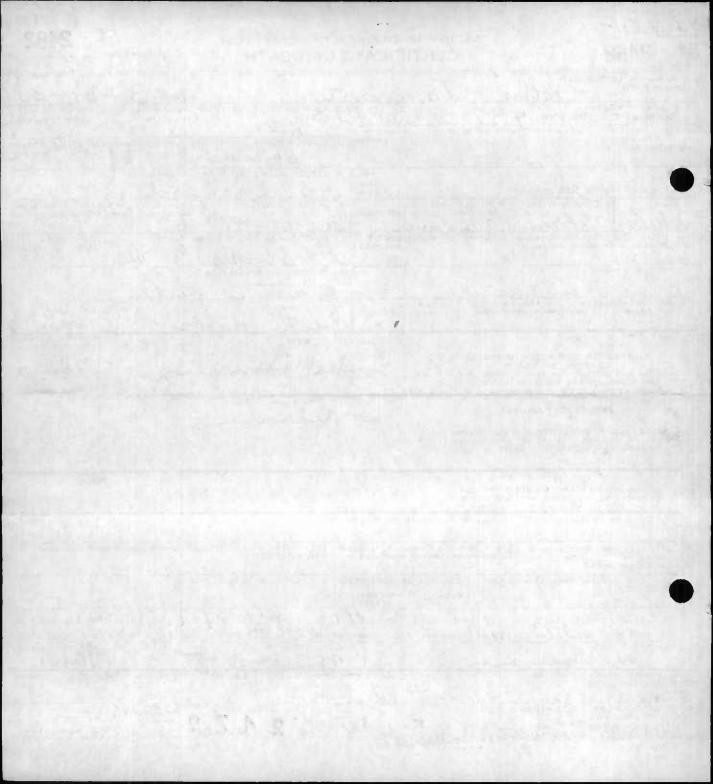


-5:	22
51	2482
BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2482 Registered No.

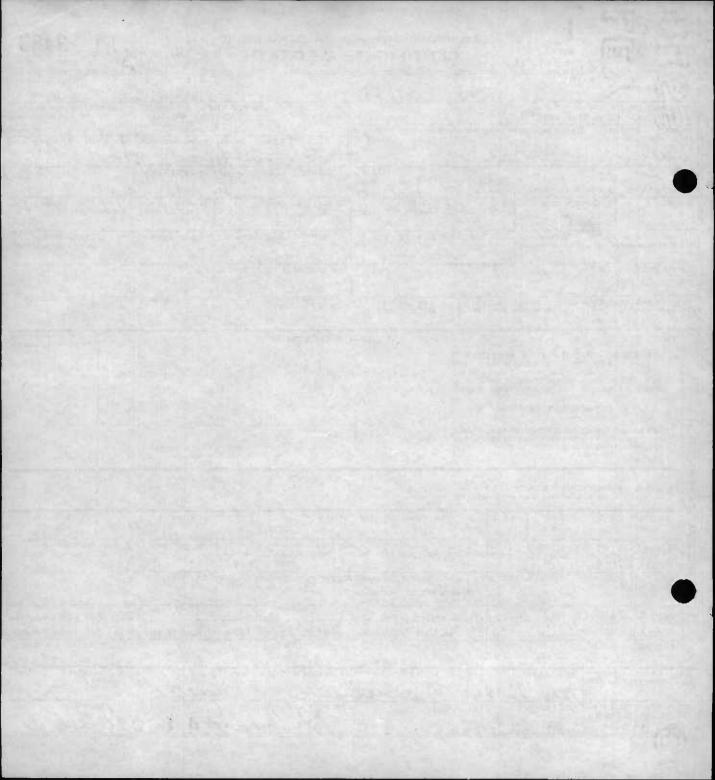
BIRTH NO.				
1. NAME OF DECEASED John . Lan	caste	<u>ک</u>	2. DATE OF DEATH	-14-51
3. PLACE OF DEATH: A. Baltimore City, Maryland 437 Orch	as d & ST	SUAL RESIDENCE (W		lf institution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR INSTITUTION	loon tion)	TY OR JOWN (If	outside corporate li	nits write RURAL and give
00		Balleme	ve 1	(cownship)
are table of state for Delta's	Yrs. D. ST	REET ADDRESS (If	rural, give location	04
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	Days 7	TE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours
Male Calsa / WIDOWED, DIVORCE		-15 1001	last birthday)	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINES		RTHPLACE (State or fo	reign country)	12. CITIZEN OF
work don't during most of working life, even if retired)	IDUSTRY	Low center	Pa Dia	WHAT COUNTRY
13 FATHER'S NAME	14. M	OTHER'S MAIDEN NA	ME A.	-
tolm daneaster	6	anton	Deles	,
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or uoknowo) (If yes, give wer or dates of service) SECURI	TY NO 17. IN	IFORMANT		ADDRESS 437
320011	100	lith Hol	bbs.	Oschand &
18. 33/X	AUSE OF D	EATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Co. A.	016	1	20.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Suga	d amin	unge	1 aug
injury or complication which caused death.) DUE TO	1,		0	0
ANTECEDENT CAUSES	Dona	I deman		
Z (B) (D)	0			***************************************
(C)				
OTHER SIGNIFICANT CONDITIONS CON-				
TRIBUTING TO THE DEATH, BUT NOT RELATED				
. 19A. DATE OF OPERATION 198, MAJOR FINDINGS				20. AUTOPSY?
O				YES NO
21A. ACCIDENT WAS UNDER. LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH		IC. WHERE DID (II	f in Baltimore City	give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY FINJURY	OCCURRED 2	F. HOW DID INJURY	occur?	
m. WHILE AT WORK	NOT WHILE		, ,	
22. I hereby certify that I attended the deceased from	m 1/20	191/to 2	114/5,49	_, that I last saw the
deceased alive on 3/13, 19 31, and that dec	th occurred at	11: 10 6n. From th	ne causes and on	the date stated above.
23A. SIGNATURE	23B. AD	DRESS C		230 DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF	CEMETERY OR	CREMATORY 840 LC	CATION (City, tow	n, or county) (State)
TION, REMOVAL (Specify)	0 B 3	20.20	20211011 (013, 101	A (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. F	JNERAL DIRECTOR	578 W Bido	J/ADDRESS
MAR 1 61059	107m	8 ZA7	2 9	Hemsley
VS 150	7	- Wilson	200	/
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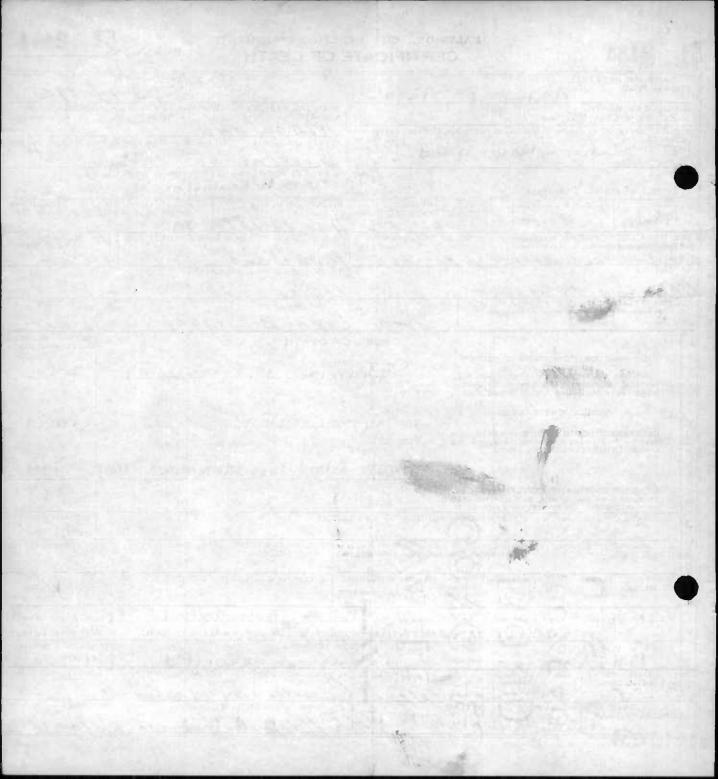
BALTIMORE CITY HEALTH DEPARTMENT

	-	24	×
gistered	No	East 1	6 31

BIRTH NO. 51-06/05 CERTIFICATE OF DEATH Registered No.				
1. NAME OF DECEASED (Type or Print)	70 Butte		2. DATE OF DEATH 3-/	5-51
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or insti		4. USUAL RESIDENCE (V		
HOSPITAL OR INSTITUTION M. HOS Tals	itution, give street address or location)		outside corporatedimits, y	west RIRAL and give township)
Length of stay in Baltimore	Yrs. Mos. Days	o. STREET ADDRESS (If	rural, give location)	TIT
5. SEX 6. COLOR OR RACE 7. SING WID	OWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years H Und last birthday) Month	der I Year II Under 24 Hours has Days Hours Min.
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)	IND OF BUSINESS OR	11. BIRTHPLACE (State or for	preign country) 12	2. CITIZEN OF WHAT COUNTRY:
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME CLARK-	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		RESS
DISEASE OR CONDITION DIRECTI (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	e.g., (A)	20blastoris	felalis	ONSET AND DEATH
TRIBUTING TO THE OEATH, BUT NOT REL	ATEO G IT.			
	OR FINDINGS OF OPER			YES NO
	PLACE OF INJURY (e. g., in me, farm, factory, street, office bldg., «		If in Baltimore City, give	exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m	WHILE AT NOT WHILE AT WORK		OCCUR?	
22. I hereby certify that I attended to deceased alive on 3 15 , 19 23A. SIGNATURE	L. and that death occur	rred at 4 30 (m., from the 13B. ADDRESS		that I last saw the date stated above.
24A. BURIAL, GREMA 24B. DATE HON, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, town, or	county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNAL LOCAL REGISTRAR	TURE (25. FUNERAL DIRECTOR	24 810 St	Taul St.
VS 150			4	610



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) August. F. Stagge DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give institution Lutheron Losp. of Md. townshin' D. STREET ADDRESS (If rural, give location)
2003 W. LexingTm Sh. Yrs. Mos. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) It Under 1 Year WIDQWED, DIVORCED (Specify) last birthday) Months: Days Hours Min. White Make Aug-17-1880 70
11. BIRTHPLACE (State or foreign country) MURRICA 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Sheet Nietal Worker -Rail-Rd-MARYLOND GXA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nuknown) (If yes, give war or dates of service) Lauisa 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Nous INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Septiamia (B. Pyoseneus heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Agnony by tosic DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Acuto Aleukemio Leuhimia 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c WHERE DID about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? Ш 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE ATT 1951, to Mach 14, 1951 that I last saw the m., from the causes and on the date stated above. 22. I hereby certify that I attended the deceased from reb. 26 deceased alive on March 14, 1951, and that death occurred at 8 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE M H Edwards Lutheran Hosp. Mid 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION-REMOVAL (Specify) Jurial Genseteer NJULIMORE. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR



Date signed.

C	RIFICATE OF DE
1. PLACE OF DEATH:	2. USUAL RES
(a) Baltimore City, Maryland (b) Street address. 30 2.5 While	(a) State
(b) Street address 70 23 /V/	
(c) Hospital or institution:	(c) City or to
Windron Muring Home	(d) C N .
Length of stay in hospital or inst. (yrs., mos., or	r days)
(e) Length of stay in Baltimore (yrs., mos., or days	(e) Citizen of
	0 11
3 (a) FULL NAME	sunay No
3 (b) If veteran, name war 3 (c) Social S	ecurity Account
No.	20. DATE OF
4. Sex 5. Color or race 6 (a) Single, marri	ed, widowed, or 21. I certify th
11 M Water alvoiced.	ed deceased
6 (b) Name of husband or wife Mary 22	and that I las
Vaschissella 6 (c) If alive, give	age years Immediate can
7. Birth date of deceased (mo., day, yr.)	4/1904 M
	han one day
46 hr.	min. Due to
9. Birthplace Balto . Co.	
10. Usual Occupation Tween Leep	Due to
11. Industry or business Bell emplo	
	7 •
12. Name Stephan naruton	(Include
13. Birthplace Poland	Date of opera Major finding
H 14. Maiden Name annie Wieme	weke
15. Birthplace Poland.	of autopsy:
16 (a) Informant Mary Maruton	
(b) Address 6 avon avc. Turn	
	The Marion
(Burial, cremation, or removal) (mo	onth) (day) (year) (c) Where di
(c) Cemetery or crematory faced 1	feart (d) Did injury
Location German I fill Rd	place?
18 (a) Funeral director John B Com	rella.
14.010 to 11.10	e (e) Means of

IDENCE OF DECEASED: limits, write RURAL and give town) (If rural give location) ne country... V111950 to 31 Duration PHYSICIAN pregnancy within 3 months of death) Underline the cause to which s of operation:.... death should be charged statistically. vas due to external causes, fill in the following: suicide, or homicide..... d injury occur?... (County) (City or town) y occur about home, on farm, industrial place, in public (Specify type of place) injus

especially important. Physicians: please write the causes of death clearly and

13

age

correct

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The discase entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

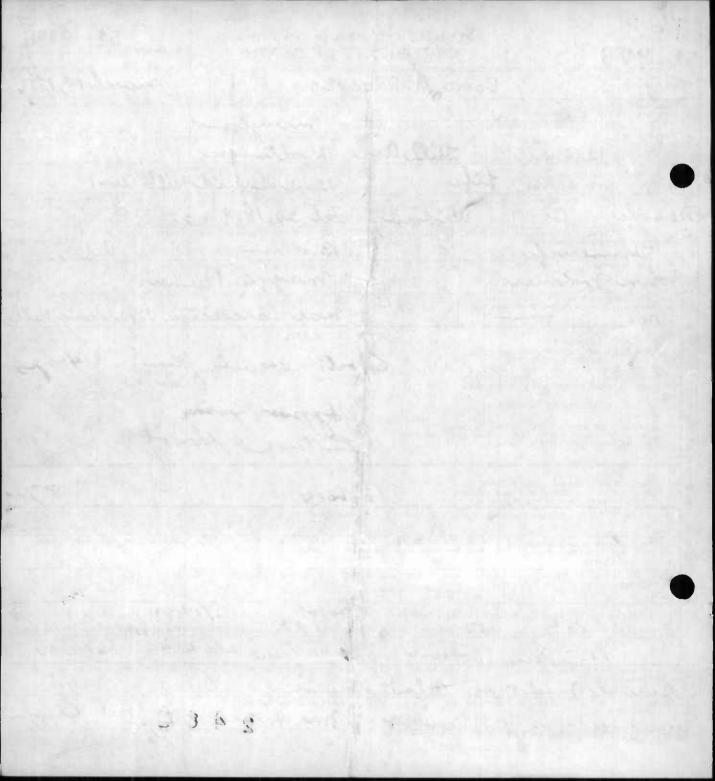
For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGIS-TRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 5488

2486 CERTIFICATE OF DEATH

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Cora M. Robe	rts. 2. DATE of march 14, 1957.
3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION INSTITUTION INSTITUTION	C. CITY OR TOWN (If outside corporate limits) write AUR Arrand giv township
Length of stay in Baltimore Life Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 12/2 Duid Tall ave,
5. SEX Hende 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	3. DATE OF BIRTH 3. AGE (In years last birthday) Months: Days Hours Min. 3. AGE (In years Months: Days Hours Min.
10A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR ork dooe during most of working life, even if y tired) INDUSTRY	Balture, md. 12. CITIZEN OF WHAT COUNTRY
13 FATHER'S NAME	maggie Parker.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or uoknowo) (If yes, give wer or dates of service) SECURITY NO.	mae Laneaster. 12/20 mid Will
7.7.4	Henry Prime 4-5/25 Henry Inser
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	Loty 3-4mg
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER.	ATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	
PF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJ	21F. HOW DID INJURY OCCUR?
	red at $\mathcal{G} extbf{A}$,m., from the causes and on the date stated above
n. Louis foring M. D.	11 00 Dunch Ship 3/16 57
Build hard 17, 1957 arbitus ?	removial abutus, and
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS



LOCAL REGISTRAR

DATE RECEIVED BY

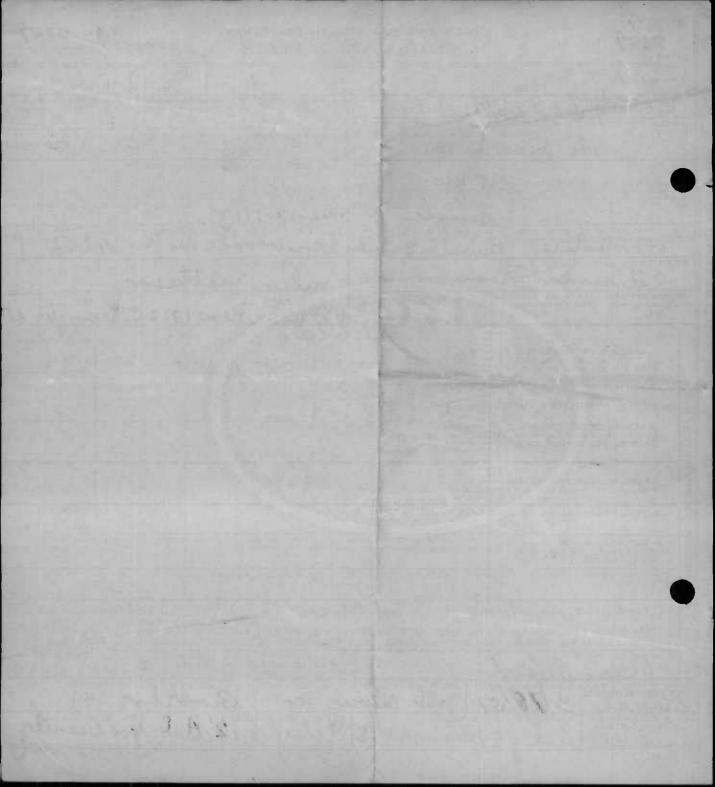
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BALTIMORE CITY HEALTH DEPARTMENT

51 2488 egistered No.

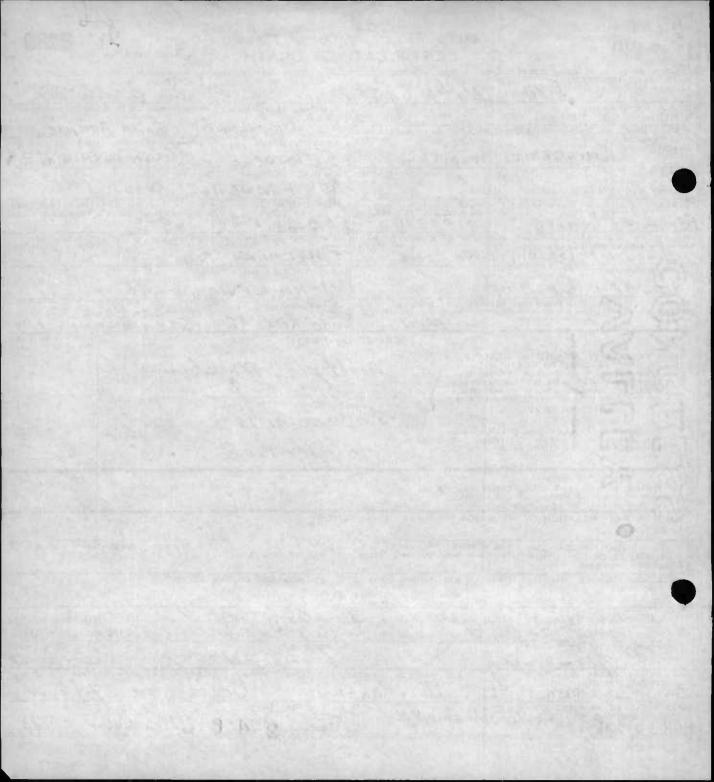
	BIRTH NO.	ERTIFICATE	OF DEATH	avog.stereu At	
	1. NAME OF DECEASED (Type or Print) Hattie Jones			2. DATE OF DEATH 3-15-	51
-	B. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION B. LT IN THE CITY HE SHARE OF LINE THE CITY HE CITY HE SHARE OF LINE THE CITY HE SHA	ospital socation)	C. CITY OR TOWN (If o	here deceased lived. If i B. COUNTY	
	4940 Eastern Ave	• Yrs.	Baltimore D. STREET ADDRESS (If re	ural, give location)	township
0 1	1.ength of stay in Baltimore 30 Yr 5. SEX 6. COLOR OR RACE 7. SINGLE.	Mos. Days	1709 E. Lanvale		
2	Female Negro Div.	D, DIVORCED (Specify)	Nov 19: 1892	9. AGE (In years lill last birthday) Mon	Under 1 Year M Under 24 Hours ths Days Hours Min.
	work doneduring most of working life, even if retired)	te Family	Prince Edward 14. MOTHER'S MAIDEN NA	Co. Va.	12. CITIZEN OF WHAT COUNTRY
	Dani e l Jones		Susie Ande		
40 00	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service)	16, SOCIAL SECURITY NO.	B. C. H. records	AD	rn Ave.
3	18. 33/ × 1	CAUSE	OF DEATH	R. State L. C.	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Inter	cerebral Hemorrhag	<u>g</u> e	5 days
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ULL II OTHER SIGNIFICANT CONDITIONS CON-	(B) DUE TO (C)			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	19a. DATE OF OPERATION 19B. MAJOR F	INDINGS OF OPER	ATION		YES YES NO
	LYING OR CONTRIBUTING about home, farm	E OF INJURY (e. g., in n, factory, street, office bldg., et		in Baltimore City, gi	ve exact location)
)F INJURY	E. INJURY OCCURRE	21F. HOW DID INJURY	OCCUR?	TE-SIN
	22. I hereby certify that I attended the dedeceased alive on March 15, 19 51 and	that I last saw the			
	23A. SIGNATURE	2:	38. ADDRESS 4940 Eastern Ave.		3-15-51
0	24A. BURIAL. CREMA- TION, REMOVAL (Specify) Burial 3/18/1951	C. NAME OF CEMETER	em. Brool	CATION (City, town, o	
	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR		Elwy On Wils	on 1000 %	Buntly
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BIRTH NO.	E OF BEATT
1. NAME OF DECEASED EVA Witk ofsk	2. DATE OF 3-16-51
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address o HOSPITAL OR	MARYLAND ANNE ARUNDEL
INSTITUTION UNIVERSITY HOSPITAL	c. CITY OR TOWN (II outside curporate limits, write RORAL and give
Yrs:	O. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore 7 Days	104 FORUNDIE ROAD
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours
FEMALE WHITE MARRIED	FEB.20, 1887 69
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life open if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSE WORK (KETD) OWN HOME	DALIIMORE, MD U.S.
	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL	HANA LEWANDOWSKI
(Yes, no or unknowo) (If yes, give war or dates of service) SECURITY NO.	JOHN RICKERT GLEN BURNIE, MD
18. > 3 X CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease,	Utiple Myelomia
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	Cumonitis
O DISEASES OR CONDITIONS, IF ANY, GIVING	CUMDAITIE
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	strute toan
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE OBATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g.,	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About bome, farm, factory, street, office bldg. CAUSE OF DEATH	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF	
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	3 - 10, 1957, to 3 - 16, 1957, that I last saw the
	arred at 2 4 m., from the causes and on the date stated above.
1. pauldring pr M.D.	238. ADDRESS 23c. DATE SIGNED 3-16-57
24A. BURIAL, CREMA- 24B. DATE BAC. NAME OF CEMETE	
BUR, AL MCH. 19,1951 HOLY KOS!	ARY Baltemere Md.
DATE RECEIVED BY L DECISTRADES CICNATURE	25. TUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR MAR 161951 MAR 161951	do Shoughton & Seen Durn se, Mid
VS 150	
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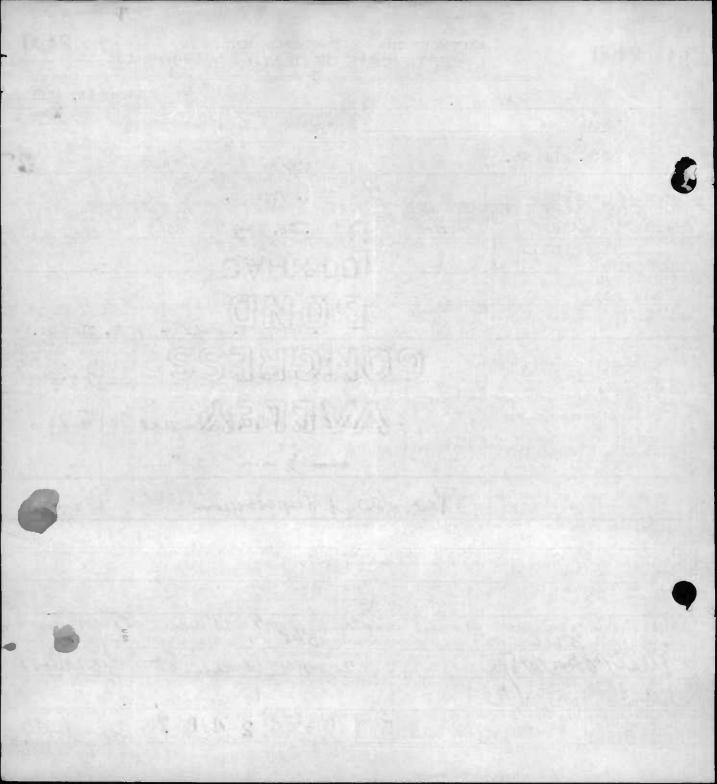
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VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

S1 2490 Registered No.

BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE OF March 15. 1951 GAVENA Y. STAIR DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY A. STATE before admission) A. Baltimore City, Maryland Md . (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 33 E. 21st St. township! Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 33 E. 21st St. c. Length of stay in Baltimore Days 9. AGE (In years | | Under 1 Year | If Under 24 Hours last birthday) | Months; Days | Hours; Min. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) B. DATE OF BIRTH 5. SEX 6. COLOR OR RACE female married Jan. 25, 1901 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? housewife at home Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David Wylie Janet Beverage 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, go or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr. George A. Stair 33 E. 21st St. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS DICAL 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, atreet, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE! AT WORK 1947, to I Mea, 19 , that I last saw the 22. I hereby certify that I attended the deceased from , 1957, and that death occurred at 3.0. m., from the causes and on the date stated above. deceased alive on 3 Tel SIGNATURE 23c. DATE SIGNED 23B. ADDRESS 24D. LOCATION (City, town, or county) 24A. BURIAL. CREMA-24B, DATE TION REMOVAL (Specify) Nanticoke. Pa. Removal 25) FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE REGISTRAR



51	55	31			EALTH DEPARTMENT E OF DEATH	Registered N	1 2491
1.	NAME OF D	charles	W. 1	HOFFMAN	/	2. DATE OF DEATH 3/	15/51
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (V		institution : residence before admission
HO	SPITAL OR	OF (If not in hos	pital or institut	ion, give street address or location)		outside corporate limits	write RURAL and giv
IIVS	Fran	Klin So	udre	HOSP	Baltimo	re 1	2 - U Jownship
<u>.</u>	Length of s	tay in Baltimore		Yrs. Mos. Days	3923 C.7	overhill	Rd.
5. 3	M	6. COLOR OR RAC		E. MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH		Under 1 Year H Under 24 Hours Min.
	done daring most o	CUPATION (Give kin of working life, even if retir		OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S	NAME	2		14. MOTHER'S MAIDEN N	AME	USH.
1		H. Hoffman			Martha S. Tilso	n .	
(Yes,	no or nnknown)	D EVER IN U.S. ARI	AED FORCES?	16. SOCIAL SECURITY NO.	Mrs. Agnes H. H		ODRESS Cloverhill Ro
CATION	(This does heart failu injury or DISEASE:	SE OR CONDITION LEADING TO DI	nometosis ladder	INTERVAL BETWEE			
ERTIFI	TRIBUTING	II BIGNIFICANT CON B TO THE DEATH, B	JT NOT RELATE	(- D			
U L		F OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICA	21A. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)		CE OF INJURY (e. g., i		If in Baltimore City, g	ive exact location)
Σ.	2 ID. TIME (DF INJURY	(Month) (Day) (Ye		VHILE AT WORK		Y OCCUR?	
	deceased al	live on 3/1:	ttended the	deceased from 2 and that death occur	/19 1957, to rred at //30pm., from t	3/15, 19 5	that I last saw the date stated above
24.	A. BURIAL,	Haws	Crus	M. D.	23B. ADDRESS - SQUE	ocation (CV, town,	3/15/5/ or (ounty) (State)
TIO	N REMOVAL (S			Druid Ridg		kesville, Md.	(class)
	TE RECEIVE CAL REGIST		R'S SIGNATU	19.15.1 C	25 FUNERAL DIRECTOR	Wher I for	N- Balto
	VS 150		20	075 AS		03	26 md.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

		APPENDANCE.	1 1 111
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	U. T. T. IIP. TO.		

51 2400

CERTIFICATE OF DEATH

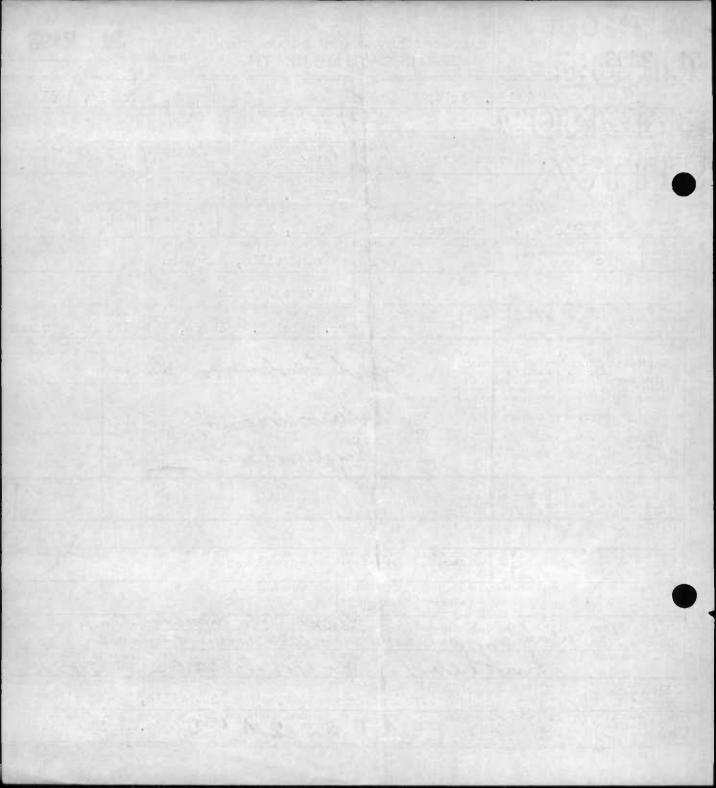
BI	RTH NO.			OLIVIII IOATI	L OI DEATH		
	NAME OF E		TEN D	DER ATTART		2. DATE	
	PLACE OF E		LEN R.	BEAVAII	4. USUAL RESIDENCE (ar. 14, 1951
		City, Maryland			A. STATE	B. COUNTY	before attmission)
В.	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)	Md.		<u> </u>
IN	STITUTION	1911 Hollins	GT	location,		If outside corporate im	its, write HURAL and give township
7	10	1911 HOLLIUS	50.	Yrs.	Baltimore D. STREET ADDRESS (II	f rural, give location)	
	12 . 6 .	4. 1 70 101		Mos.	1911 Hollins St		
	Length of S	stay in Baltimore	7 SINGLE	Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours
1	emale	White	WIDOW	ED, DIVORCED (Specify)	THE RESERVE OF THE PARTY OF THE	last birthday) h	lonths Days Hours Min.
		CCUPATION (Give kind of		OF BUSINESS OR	Jan. 9, 1880	foreign country)	12. CITIZEN OF
WOT	done during most	of working life, even if retired)		INDUSTRY			WHAT COUNTRY
	Housewif		At How	10	Nashington, D.	C	1
		McKenna				VAII L	
			n FORCES?	16. SOCIAL	Lucy Gaynor		
		ED EVER IN U.S. ARME (If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS St.
n					Mr. Raymond A.	Beavan, Sr.	- 1911 Hollins
	18. 47	0.1		CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH On the Control of						
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
	injury or complication which caused death.) DUE TO						
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO O O O O O O O O O O O O						
Z	DISEASE	S OR CONDITIONS, I	FANY CIVIN	(B)			1270
F	RISE TO T	THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	E DUE TO	Margine		
CATIO	ONDENE	THE CONDITION D	151,	(0)	. //	******	
IL.		11					
ERT		SIGNIFICANT COND					
O E		G TO THE DEATH, BUT DISEASE OR CONDITION					
1	19A. DATE	OF OPERATION 1	9B, MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
V		0	1 01- 01		Lote WILEDS DID	/Te in Dalainon Cian	YES NO
EDI	LYING O	R CONTRIBUTING	ebout home,	ACE OF INJURY (e. g., i farm,factory,street,office bldg.,		(If in Baltimore City,	, give exact location)
Z.	CAUSE OF		1				
	F INJURY	(Month) (Day) (Year		21E. INJURY OCCURR	ED 21F, HOW DID INJUF	RY OCCURY	
			m.	WHILE AT NOT WHILE AT WORK			
	22. I herel	by certify that I at	tended the	deceased from Qu	gust , 1944, to V	March 14, 19	51, that I last saw the
16	deceased a	live on Warch 1	£ 1951	and that death occur	red at X. 10 P.m., from	the causes and on	
	23A. SIGNA	Tolen F. (Yaal	alen M.D.	4 201 Wilken	an- City 29.1	Wasch 16,195
2.	AA. BURIAL.	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, tow	n, or county) (State)
11	Removal Y			Mt. Olivet Ce		hington. D.	80 0
	ATE RECEIVE				AST FUNERAL DIRECTOR	10 110.	ADDRESS
L	MAD 1 C	TRAR	ASIN / INU	yours, Mill	Wm. K	ickner 1,	surs- salto
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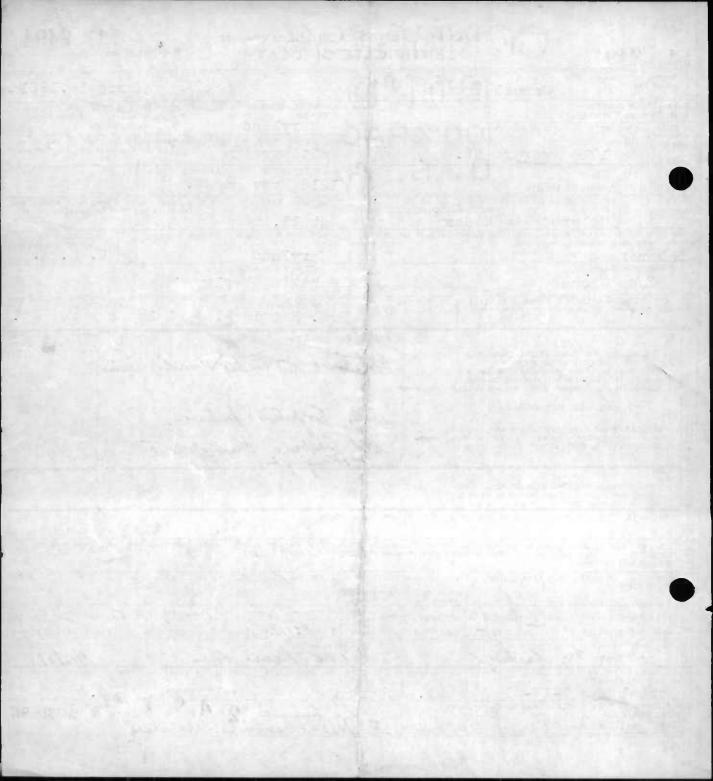
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2493 Registered No .__

BI	RTH NO.			OLIVIII ION			-			
	NAME OF D ype or Print)		l N. Co	ockey				2, DATE OF DEATH	ch 14,	1951
А. В. Н	PLACE OF D Baltimore (FULL NAME DSPITAL OR STITUTION	City, Maryland		on, give street address location	on) A.	USUAL RESIDE STATE Laryland CITY OR TOWN Baltimore		here deceased lived, B. COUNTY outside corporate lim	be	fore admission)
c. Length of stay in Baltimore Tyrs. Mos. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.						3107 N. Ca	lvert	ural, give location) Street		
	female	6.COLOR OR RACE	Ji	uly 19, 18	80	9. AGE (In years last birthday) 70	if Under Year Ionths Day	s Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTR						BIRTHPLACE (S Luthervil	le, M	aryland	12. CITI WHA	ZEN OF AT COUNTRY?
		on Swem			14	Sovena Sh		ME		
(Yo	, no or unknown)	ED EVER IN U.S. ARME! (if yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO	. In	.informant s. Mabel E	. Roc	kett, 502 A		ny avenue
ERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mean complication which of ANTECEDENT CAUS SOR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA SIGNIFICANT CONDITION TO THE DEATH, BUT SISEASE OR CONDITION	TH f dying, e. g ns the diseas aused death SES F ANY, GIVIN STATING THE ST. TIONS CON NOT RELATE	(B)	rhe Ky	rioscler stronl		o,		
SAL C		THE R. P. LEWIS CO., LANSING, MICH. LANSING, MICH. LANSING, PRINCIPLE STREET, SANSAN,		FINDINGS OF OR	PERATI	ОИ			YES	the same of the sa
MEDICAL	LYING OF CAUSE OF	(Month) (Day) (Year) y certify that get live on	(Hour)	ACE OF INJURY (e. arm, factory, street, office bleeping and that death occupance of the control	RRED HILE RK CCUTTED	21c. WHERE DINJURY OCCU 21f. HOW DID 10c, 19c 10c, 19c 10c, 19c ADDRESS	INJURY	land 14, 19.	Z, that I	last saw the
TI	4A. BURIAL. ON REMOVAL (S burial	3/17/51		M. O. 24C. NAME OF CEMI Druid Ri	dge	Cemetery	P.	CATION (City, tow ike sville,		ryland
	MAR 1 7'1		S SIGNATU	3 54	() 2	Vm Bank	sin?	1017 St.		



BIRTH NO.			CERTIFICATI	E OF DEATH	ine gistered	210
1. NAME OF DECEASED (Type or Print)		l Tho	mas		2. DATE OF DEATH	cch 14,1951
3. PLACE OF DEATH: A. Baltimore City, Ma	rvland			4. USUAL RESIDEN	ICE (Where deceased lived. I	f institution : residence before admission)
B. FULL NAME OF (If		or instituti	on, give street address or	10 AF 100 N	1	before admission)
HOSPITAL OR INSTITUTION	-		location)	C. CITY OR TOWN	(If outside corporate im	its, write RURAL and give
1218	Brevar	rd St.		Baltimore		township)
ength of stay in B	altimore		Yrs. Mos. Days	1218 Breva	s (If rural, give location) and St.	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,				8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year If Under 24 Hours Onths: Days Hours: Min.
Male Cois	red	Wido		Feb 11,186	3 88	Days Hours Min.
10A. USUAL OCCUPATIO work dooe during most of working life	N (Give kind of	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	ate or foreign country)	12. CITIZEN OF
Laborer	o, oved in realized)		INDUSTRI	Maryland		U. S. A.
13. FATHER'S NAME				14. MOTHER'S MAIL		
John Thom	as			Mahelia Ch	nesley	
15. WAS DECEASED EVER IN (Yes, oo or unknown) (If yes, a	U.S. ARMED	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Fleet 1218 í	ADDRESS Brevard St.
				1110. 1160010	. 11000 1010 1	INTERVAL BETWEEN
DISEASE OR COLLEGE OR	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES				dið Varwler fin Failus Humshep ö	ONSET AND DEATH
OTHER SIGNIFICATION TRIBUTING TO THE	DEATH, BUT N	OT RELATE	D			
19A. DATE OF OPERA			FINDINGS OF OPER	ATION		20. AUTOPSY?
A		b. MASON	THOMAS OF OFER	ATION		YES NO
21a. ACCIDENT WAS LYING OR CONTR		21s. PLA	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	21c. WHERE DIE		
FINJURY (Month)	(Day) (Year) (I		HILE AT NOT WHILE	21F. HOW DID I	NJURY OCCUR?	
22. I hereby certify	that I atter	nded the	deceased from	, 19-	to Now 14, 191	1, that I last saw the
deceased alive on_		19	and that death occur		rom the causes and on	
23A. SIGNATURE	1 11		2	3B. ADDRESS	2	23c. DATE SIGNED
John W	gene	010	м. р.	Ins rusa	10Us	911707
TION, REMOVAL (Specify)	4B. DATE		4c. NAME OF CEMETE		24b. LOCATION (City, town	
	3-17-51		lit. Auburn		Parltimore,	Md.
499Ab REGISTRAM	REGISTRAR'S	SIGNATU	HE HAS E	Wat Lauce	The Newslow	78 W. Biddle St.
VS 150	3				7	093d



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CERTIFICATE CORRECTED 9-30-51

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2495

1. NAME OF DECEASED 2. DATE (Type or Print) Thomas Cooley Ferguson OF March 16, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Bon Secours Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 18 years ength of stay in Baltimore 3106 Louise Ave.. Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9' AGE (In years | H Under I Year | H Under 24 Hours last birthday) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify) male 1/9/92 Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) Sup 2 YV i SOF INDUSTRY WHAT COUNTRY? Physical Education Adams. Massachusetts . State Dept. of 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PHYSI CAL EducAtiON James Knox Ferguson Gertrude Barnard 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO rs. Bertha Macleod Ferguson 3106 Louise Yes World War I & II 18. INTERVAL BETWEEN CAUSE OF DEATH 60 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Multiple Pulmonary Embolisms heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Varicose viens in legs RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-H TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY NOT WHILE WHILE AT . 1951, that I last saw the 22. I hereby certify that I attended the deceased from. 19_ and that death occurred at 3:10 pr. From the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) BULLAL HILINGTON DATE RECEIVED BY MAR 171951 VS 150

H50 1 V 91 JUL 4 . P C A . P . O . Start STEERING TON STATIONAL HYMNETON, I LANGE LENGTH and the state of t

51 2496 Registered No.

1. NAME OF DECEASED 2. DATE (Type or Print) Wilson Annie DEATH Mar. 16, 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY (dmission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RULAL and give C. CITY OR TOWN INSTITUTION township) 3002 Wisteria Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos 3002 Wisteria Avenue ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (Specify)
Widowed last birthday) Months: Days Hours: Min. femle white IOA USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY at home Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Maria Dryden William Darrough 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO Mr. Marcus C. Wilson. 3310 Parklawn 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 2 IE. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT WORK 22. I hereby certify that I gliended the deceased from deceased alive on 1557, 19 _____ and that death 5 1, 19 that I last saw the and that death occurred at 12 Am., from the causes and on the date stated above. 23B. ADDRESS 23C. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial Baltimore Loudon Park Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. PUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Leonard J. Ruck. 5305 Harford Road. VS 150

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6-10m

51 2497

BI	RTH NO.	4.77		CERTIFI	CATE	E OF DEATH	Registe	ered No.		
1.	NAME OF D	ECEASED	esse /	S. Baer			2. DATE OF DEATH	Mar.	15,	1951
	PLACE OF D Baltimore (EATH: City, Maryland				4. USUAL RESIDENCE	(Where deceased liver B. COUNT	ved. If ins	stitution:	
	FULL NAME	OF (If not in hospit	al or institut	ion, give street ac	ddress or	Maryl		4-	. 1	
	STITUTION	3601	Choca	land Ave			If outside corporat	Imits, v	Fig Ru	RAL and give township)
	10-	7021	Oross.	Land Ave		Balti		0		
		tay in Baltimore			Yrs. Mos. Days	3621 Crossl				
5.	male	6. COLOR OR RACE	WIDOW	MARRIED, PED, DIVORCED Pried	(Specify)	8. DATE OF BIRTH May 26,1892	9. AGE (In yell last hirthda	y) Month	fer I Year hs Days	H Under 24 Hours Hours Min.
10 work	done during most o	CUPATION (Givekind of of working life, even if retired) 8 igh, Auto	Sales	of Business	OR	Harrisburg,		12	WHAT	EN OF COUNTRY?
13	. FATHER'S	NAME			(12)	14. MOTHER'S MAIDEN				
	Alle	n A. Baer				Jemina Fishe	r			
15 (Yes	. WAS DECEASE	D EVER IN U. S. ARMEE	FORCES?	16. SOCIAL	V NO	17. INFORMANT		ADD	RESS	
(20	, so or dandons,	(, , , , , , , , , , , , , , , , , , ,	. 5. 201 1209	215-03-		Mrs. Emma Ba	er. 3621	Cros	ssla	nd Ave
FICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)					promany V eno-sklen ero-vardul	n-Ren	al k	liee	~ ~~
CERTIFI	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT	NOT RELATE	D						
U	-	F OPERATION 1		FINDINGS OF	OPER	ATION			120 4	UTOPSY?
CAL	-	0							YES	No D
MEDIC	21A, ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY			(If in Baltimore	City, give	exact l	ocation)
	OF INJURY	(Month) (Day) (Year)			CCURRE OT WHILE	2 2 IF. HOW DID INJUI	RY OCCUR?			
	22. I herch deceased al	y certify that Latt		deceased from		red at 4.5 Am from	the causes and			ast saw the
	23A. SIGNA		1	01.		3B. ADDRESS 722 No. Ken	word			TE SIGNED
2.4 TIC	A. BURIAL, ON, REMOVAL (S	DREMA- 24B. DATE	0			RY OR CREMATORY 24D.	LOCATION (City,	town, or	wunty)	(State)
	Burial	3/17/5	51	Merela	nd M	lem. Park E	Baltimor,	Md.		
LC	TE RECEIVE	RART I	- 41 th a	RE ALLAS	5,7	25. FUNERAL DIRECTOR		A	ford	

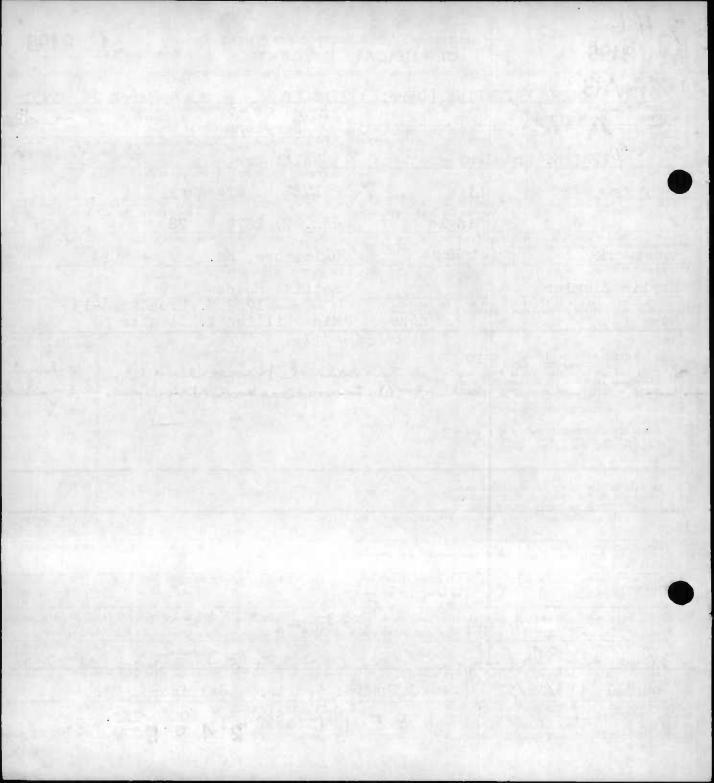
VS 150

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CHANGE SERVICE CONTRACTOR OF THE SERVICE SERVICES · E PETELOUE Lincoln Court of the State of Control Court of the Court of the Court of the Control Court of the Court of the Court of the Court of th 246

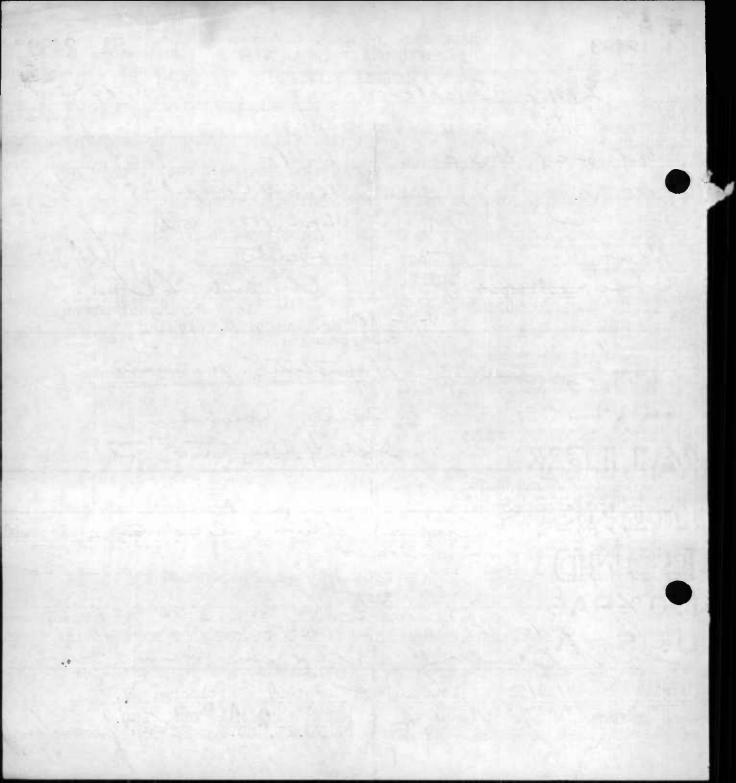
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

0	KIH NO.						
	NAME OF D 'ype or Print)		THERIN	NE (Carrie)	ZIEGLER	2. DATE OF DEATH March	16 1951
	PLACE OF D Baltimore (4. USUAL RESIDENCE (W	here deceased lived. If insti	itution: residence before admission)
H	OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)		outside corporate limits, wi	rite BURAL and give
11/	ISTITUTION	1722 N. Br	oadway		Baltimore	1	(township)
4				Yrs.	D. STREET ADDRESS (If	rural, give location)	
6	ength of s	tay in Baltimore	Lif	e Mos.	1722 N. Bros	adway	
5.	SEX	6. COLOR OR RACE		E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years H Under last birthday) Months	
	F	W	Sig	igle	Jan. 7, 1873	78	
10 wor	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		INDUSTRY	11. BIRTHPLACE (State or fo		CITIZEN OF WHAT COUNTRY?
	housewo		at	home	Baltimore, Md		
13	FATHER'S				14. MOTHER'S MAIDEN NA	ME	
1.0		Ziegler			Matilda Hoops		
(Ye	e, no or unknown)	ED EVER IN U.S. ARMEI	n of service)	16. SOCIAL SECURITY NO.	17. INFORMANT 1722		स्टो ड़े
_	no			none	Miss Lillian		
	18. 4 3 7	/ 1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	LEADING TO DEA		0	0 0 11		1 - 20
	(This does	not mean the mode ore, asthenia, etc. It mea	of dying, e. a	e. (A)	enselvatic	vhen	a charge
		complication which o		i) pue to arte	enoselvatic C	-Validase	5 years
		ANTECEDENT CAUS	SES				V
O	DISEASES	S OR CONDITIONS, I	F ANY, GIVIN	(B)		······································	
H		HE ABOVE CAUSE (A)		RE DUE TO			
0				(C)			***************************************
RTIFICATION	OTHER C	11	710110				
ш	TRIBUTING	IGNIFICANT CONDI	NOT RELATE	ED .			
O.		F OPERATION 1		FINDINGS OF OPER	RATION		20. AUTOPSY7
CAL							YES NO
MEDICA		R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, atreet, office bldg., e		f in Baltimore City, give	exact location)
-	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
			m.	WHILE AT NOT WHILE			
	22. I hereb	y certify that I att	ended the	deceased from_~~	1948 to 2	Mars 16195/th	hat I last saw the
	deceased a	live on Maw.15	1951	and that death occur	rred at A.m., from th	he causes and on the d	late stated above.
	23A. SIGNA	TURE 1 99) 2	3B. ADDRESS	andor 2	3C. DATE SIGNED
2	4A. BURIAL,	CREMA- 24B, DATE	en 3	M. D.	TY OR CREMATORY 24D. LC	OCATION (City, town, or c	3-17-5/ (State)
TI	on REMOVAL (S	3/19/	51 (/	New Cathedra		altimore, Md.	
D	ATE RECEIVE	DAD 1	1. 511	RE	25 FUNERAL DIRECTOR		DRESS
	MAR 1	1951 miles	Agr. 1700	would, Abit 5	BAUTIMORE	The seen	1 Sand.
	VS 150	8			4	1 12	
						0	93d



0	16/
6	70
54	2449

BIRTH NO.						
1. NAME OF DECEASED (Type or Print) Lilie Eichler	EICHLER) 2. DATE OF DEATH 3 -/6-5-/					
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)						
INSTITUTION, CLU HOSD.	township)					
Yrs.	o. STREET ADDRESS (If rural, give location)					
ength of stay in Baltimore Life Days	1600 N. Chapel 57 73					
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours					
IOA. USUAL OCCUPATION (Givekind of IOB. KIND OF BUSINESS OR work done during most of forking life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Chao AMANA NOYES	Elijabeth Llogd.					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL						
(16 yes, give war or date of service) 219-20-5747	17. INFORMANT 1600 N. Chape I Street					
18. CAUSE	Mr. Arthur O. Eichler OF DEATH					
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH					
(This does not mean the mode of dying, e.g., (A) Ayyostahie muunoud.						
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO						
ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Selectly Centhers OUE TO (C) Olst. of hiliary Craft Court (C)						
					(c) Colon. of Julian Charl (dust)	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
194 DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS						
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (a.g. in) 21C. WHERE DID (If in Baltimore City, give exact location)						
LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING						
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
m. WHILE AT NOT WHILE AT WORK						
22. I hereby certify that I attended the deceased from 2-28 1951, to 3-16, 195, that I last saw the						
deceased alive on 3-16, 195), and that death occurred at 6 74m., from the causes and on the date stated above.						
23A. SIGNATURE	23B. ADDRESS 23C. DATE SIGNED 3-16-51					
24A, BURIAL, CREMA- 24B, DATE 24C, NAME OF CEMETERY OR CREMATORY 240, LOCATION (City, town, or county) (State)						
burial 3/19/51 Loudon Park Cemetery Baltimore, Md.						
DATE RECEIVED BY REGISTRAR'S SIGNATURE HENRY SAMER & SONS INC ADDRESS						
MAR 17 1951 Famour BALTO 13. MD. Sean Johnster						
VS 150						
	1241-					



-11	435 BALTIMORE CITY HE	EALTH DEPARTMENT	51 2500			
	BIRTH NO. 19-19178 CERTIFICATE OF DEATH Registered No.					
	1. NAME OF DECEASED (Type or Print) LIEANOR SCHOOLDEN	2. D/	OF ATH March 15, 1951			
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where de				
	B. FULL NAME OF /'f not in hospital or institution, give street address or HOSPITAL OR location)	Maryland	Anne Arundel corporate limits, write RURAL and give			
	South Baltimore Gen. Hosp.	Glen Burnie township)				
	Yrs. Mos.	D. STREET ADDRESS (if rural, give location)				
	ength of stay in Baltimore Days	Box 142				
	female white 7. SINGLE, MARRIED. WIDOWED SWORCED (Specify)	8-21-49. las	E (In years 1 Bader 1ear 11 Under 24 Hours t birthday) Months Days Hours Min.			
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	Balto. Md	Duntry) 12. CITIZEN OF WHAT COUNTRY?			
	13. FATHER'S NAME FORMER.	14. MOTHER'S MAIDEN NAME				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer of dates of service) SECURITY NO.	17. INFORMANT	ADDRESS			
RTIFICATIO	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	OF DEATH ia (strangulation)	INTERVAL BETWEEN ONSET AND DEATH			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ATION	20. AUTOPSY?			
	1	YES X NO				
	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21b. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bidg., e. home 21c. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRI	421 6th Avenue, Gle				
	March 15, 1951 12 noonal work LJ AT WORK LX Blipped down between feeding table and back					
22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated about and death in my opinion resulted from: natural causes □, accident ☒, suicide □, homicide □, undetermined □.						
	23a. SIGNATURE 23b. CHIEF MEDICAL EXAMINER					
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS						

